

**NEIGHBORHOOD HEALTH CENTER 2022 SLIDING FEE DISCOUNT SCHEDULE**

**What Discount Do I Qualify For?**

ANNUAL INCOME											
Category	A		B		C		D		E		
FPG	0 - 100%		>100 - 133%		>133 - 166%		>166 - 200%		>200%		
Family Size	1	\$ -	\$ 13,590	\$ 13,591	\$ 18,075	\$ 18,076	\$ 22,559	\$ 22,560	\$ 27,180	\$ 27,181	& Up
	2	\$ -	\$ 18,310	\$ 18,311	\$ 24,352	\$ 24,353	\$ 30,395	\$ 30,396	\$ 36,620	\$ 36,621	& Up
	3	\$ -	\$ 23,030	\$ 23,031	\$ 30,630	\$ 30,631	\$ 38,230	\$ 38,231	\$ 46,060	\$ 46,061	& Up
	4	\$ -	\$ 27,750	\$ 27,751	\$ 36,908	\$ 36,909	\$ 46,065	\$ 46,066	\$ 55,500	\$ 55,501	& Up
	5	\$ -	\$ 32,470	\$ 32,471	\$ 43,185	\$ 43,186	\$ 53,900	\$ 53,901	\$ 64,940	\$ 64,941	& Up
	6	\$ -	\$ 37,190	\$ 37,191	\$ 49,463	\$ 49,464	\$ 61,735	\$ 61,736	\$ 74,380	\$ 74,381	& Up
	7	\$ -	\$ 41,910	\$ 41,911	\$ 55,740	\$ 55,741	\$ 69,571	\$ 69,572	\$ 83,820	\$ 83,821	& Up
	8	\$ -	\$ 46,630	\$ 46,631	\$ 62,018	\$ 62,019	\$ 77,406	\$ 77,407	\$ 93,260	\$ 93,261	& Up
	9	\$ -	\$ 51,350	\$ 51,351	\$ 68,296	\$ 68,297	\$ 85,241	\$ 85,242	\$ 102,700	\$ 102,701	& Up
	10	\$ -	\$ 56,070	\$ 56,071	\$ 74,573	\$ 74,574	\$ 93,076	\$ 93,077	\$ 112,140	\$ 112,141	& Up

FPG: Federal Poverty Guidelines, published by HHS, effective 1/12/2022

For families/households with more than 10 persons, add \$4,720 for each additional person

MONTHLY INCOME											
Category	A		B		C		D		E		
FPG	0 - 100%		>100 - 133%		>133 - 166%		>166 - 200%		>200%		
Family Size	1	\$ -	\$ 1,133	\$ 1,134	\$ 1,506	\$ 1,507	\$ 1,880	\$ 1,881	\$ 2,265	\$ 2,266	& Up
	2	\$ -	\$ 1,526	\$ 1,527	\$ 2,029	\$ 2,030	\$ 2,533	\$ 2,534	\$ 3,052	\$ 3,053	& Up
	3	\$ -	\$ 1,919	\$ 1,920	\$ 2,552	\$ 2,553	\$ 3,186	\$ 3,187	\$ 3,838	\$ 3,839	& Up
	4	\$ -	\$ 2,313	\$ 2,314	\$ 3,076	\$ 3,077	\$ 3,839	\$ 3,840	\$ 4,625	\$ 4,626	& Up
	5	\$ -	\$ 2,706	\$ 2,707	\$ 3,599	\$ 3,600	\$ 4,492	\$ 4,493	\$ 5,412	\$ 5,413	& Up
	6	\$ -	\$ 3,099	\$ 3,100	\$ 4,122	\$ 4,123	\$ 5,145	\$ 5,146	\$ 6,198	\$ 6,199	& Up
	7	\$ -	\$ 3,493	\$ 3,494	\$ 4,645	\$ 4,646	\$ 5,798	\$ 5,799	\$ 6,985	\$ 6,986	& Up
	8	\$ -	\$ 3,886	\$ 3,887	\$ 5,168	\$ 5,169	\$ 6,450	\$ 6,451	\$ 7,772	\$ 7,773	& Up
	9	\$ -	\$ 4,279	\$ 4,280	\$ 5,691	\$ 5,692	\$ 7,103	\$ 7,104	\$ 8,558	\$ 8,559	& Up
	10	\$ -	\$ 4,673	\$ 4,674	\$ 6,214	\$ 6,215	\$ 7,756	\$ 7,757	\$ 9,345	\$ 9,346	& Up

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For families/households with more than 10 persons, add \$393 for each additional person

**What Am I Responsible to Pay?**

	A	B	C	D	E
Medical & Clinical Pharmacy Services	\$25	\$35	\$40	\$45	100% of Full Charges
Dental Services*	\$25	50% of Full Charges	60% of Full Charges	70% of Full Charges	100% of Full Charges
Dental Supplies & Equipment*	50% of Full Charges	50% of Full Charges	60% of Full Charges	70% of Full Charges	100% of Full Charges
Behavioral Health Services	\$5	\$10	\$15	\$20	100% of Full Charges
Pharmacy Dispensed Prescription Fees**	\$5 Dispensing Fee + Discounted Medication Cost	\$8 Dispensing Fee + Discounted Medication Cost	\$10 Dispensing Fee + Discounted Medication Cost	\$12 Dispensing Fee + Discounted Medication Cost	100% of Full Charges

\*\$25 minimum payment required at the time of service (can be waived in cases of financial hardship).

\*\*Patients encouraged to ask their Pharmacist for a quote. Call 503-941-3160 for more information.