

# Grace Hill Neighborhood Health Centers, Inc.

## Sliding Fee Discount Tables Effective Feb. 1, 2009

### SLIDING FEE DISCOUNT TABLES--MEDICAL, OPTOMETRY & BEHAVIORAL HEALTH

Income Level	Family Size	<100% of Poverty Level	101-150% of Poverty Level	151-200% of Poverty Level	>200%
		Copay \$10	Copay \$30	Copay \$40	Patient Pays 100% with \$75 due prior to service
		SF Plan A	SF Plan B	SF Plan C	
10,830	1	0 to 10,830	10,831 to 16,245	16,246 to 21,660	Over 21,660
14,570	2	0 to 14,570	14,571 to 21,855	21,856 to 29,140	Over 29,140
18,310	3	0 to 18,310	18,311 to 27,465	27,466 to 36,620	Over 36,620
22,050	4	0 to 22,050	22,051 to 33,075	33,076 to 44,100	Over 44,100
25,790	5	0 to 25,790	25,791 to 38,685	38,686 to 51,580	Over 51,580
29,530	6	0 to 29,530	29,531 to 44,295	44,296 to 59,060	Over 59,060
33,270	7	0 to 33,270	33,271 to 49,905	49,906 to 66,540	Over 66,540
37,010	8 *	0 to 37,010	37,011 to 55,515	55,516 to 74,020	Over 74,020

### SLIDING FEE DISCOUNT TABLE--DENTAL

Income Level	Family Size	<100% of Poverty Level	101-150% of Poverty Level	151-200% of Poverty Level	>200%
		Copay \$20	Copay \$30	Copay \$40	Patient Pays 100% with \$75 due prior to service
		SF Plan A	SF Plan B	SF Plan C	
10,830	1	0 to 10,830	10,831 to 16,245	16,246 to 21,660	Over 21,660
14,570	2	0 to 14,570	14,571 to 21,855	21,856 to 29,140	Over 29,140
18,310	3	0 to 18,310	18,311 to 27,465	27,466 to 36,620	Over 36,620
22,050	4	0 to 22,050	22,051 to 33,075	33,076 to 44,100	Over 44,100
25,790	5	0 to 25,790	25,791 to 38,685	38,686 to 51,580	Over 51,580
29,530	6	0 to 29,530	29,531 to 44,295	44,296 to 59,060	Over 59,060
33,270	7	0 to 33,270	33,271 to 49,905	49,906 to 66,540	Over 66,540
37,010	8 *	0 to 37,010	37,011 to 55,515	55,516 to 74,020	Over 74,020

### SLIDING FEE DISCOUNT TABLE--PHARMACY

Income Level	Family Size	<100% of Poverty Level	101-150% of Poverty Level	151-200% of Poverty Level	>200%
		Copay \$10	Copay 30% Cost	Copay 70% Cost	Patient Pays 100% Cost
		SF Plan A	SF Plan B	SF Plan C	
10,830	1	0 to 10,830	10,831 to 16,245	16,246 to 21,660	Over 21,660
14,570	2	0 to 14,570	14,571 to 21,855	21,856 to 29,140	Over 29,140
18,310	3	0 to 18,310	18,311 to 27,465	27,466 to 36,620	Over 36,620
22,050	4	0 to 22,050	22,051 to 33,075	33,076 to 44,100	Over 44,100
25,790	5	0 to 25,790	25,791 to 38,685	38,686 to 51,580	Over 51,580
29,530	6	0 to 29,530	29,531 to 44,295	44,296 to 59,060	Over 59,060
33,270	7	0 to 33,270	33,271 to 49,905	49,906 to 66,540	Over 66,540
37,010	8 *	0 to 37,010	37,011 to 55,515	55,516 to 74,020	Over 74,020

\* For family units with more than 8 members, add \$3,740 for each additional member.

• Discounted fees are contingent upon proof of income and cannot be authorized without such proof.

• Medicare patients who are not dual-eligible pay \$10 at the <100% poverty level; others are charged a \$28 copay for medical visits.

• Eye glass fee is \$30.

• Patients receiving family planning services at <100% poverty level are not billed minimum fee for visits or contraceptives.

• Patients receiving family planning services at 200-250% poverty level are charged \$40 for visits.

• Patients seen in a homeless shelter by a Grace Hill volunteer provider are not charged a co-pay.

• Co-pays for medical, optometry, behavioral health, and dental services will be waived for homeless patients with proof of current shelter residence and proof of lack of income.

• Co-pays are waived for Head Start and school dental exams.

• Patients in the Grace Hill homeless respite program are not charged a co-pay for pharmacy.

• Denture fees are billed to patient at cost regardless of poverty level and are payable in advance.

• Patients receiving drugs through the Pfizer Share the Care or AztraZeneca replenishment program are charged \$5 dispensing fee per prescription in lieu of co-pay.