

**E. A. HAWSE HEALTH CENTER, INC.**  
**SLIDING FEE SCHEDULE - EFFECTIVE 3/1/2024**

1/25/2024

Sliding Fee Amount by **household** income

FAMILY INCOME LEVELS	HOUSEHOLD MEMBERS	Up to 100% Poverty Level You Pay: \$15 - Medical \$25 - Dental "A"	101% - 120% Poverty Level You Pay: 15% Medical & Dental "B"	121% - 140% Poverty Level You Pay: 30% Medical & Dental "C"	141% - 160% Poverty Level You Pay: 45% Medical & Dental "D"	161% - 180% Poverty Level You Pay: 60% Medical & Dental "E"	180% - 200% Poverty Level You Pay: 75% Medical & Dental "F"	200%+ Poverty Level You Pay: 100% Medical & Dental "G"
	1	\$ 15,060.00	\$15,061 - \$18,072	\$18,073 - \$21,084	\$21,085 - \$24,096	\$24,097 - \$27,108	\$27,109 - \$30,120	\$30,121 and over
2	\$ 20,440.00	\$20,441 - \$24,528	\$24,529 - \$28,616	\$28,617 - \$32,704	\$32,705 - \$36,792	\$36,793 - \$40,880	\$40,881 and over	
3	\$ 25,820.00	\$25,821 - \$30,984	\$30,985 - \$36,148	\$36,149 - \$41,312	\$41,313 - \$46,476	\$46,477 - \$51,640	\$51,641 and over	
4	\$ 31,200.00	\$31,201 - \$37,440	\$37,441 - \$43,680	\$43,681 - \$49,920	\$49,921 - \$56,160	\$56,161 - \$62,400	\$62,401 and over	
5	\$ 36,580.00	\$36,581 - \$43,896	\$43,897 - \$51,212	\$51,213 - \$58,528	\$58,529 - \$65,844	\$65,845 - \$73,160	\$73,161 and over	
6	\$ 41,960.00	\$41,961 - \$50,352	\$50,353 - \$58,744	\$58,745 - \$67,136	\$67,137 - \$75,528	\$75,529 - \$83,920	\$83,921 and over	
7	\$ 47,340.00	\$47,341 - \$56,808	\$56,809 - \$66,276	\$66,277 - \$75,744	\$75,745 - \$85,212	\$85,213 - \$94,680	\$94,681 and over	
8	\$ 52,720.00	\$52,721 - \$63,264	\$63,265 - \$73,808	\$73,809 - \$84,352	\$84,353 - \$94,896	\$94,897 - \$105,440	\$105,441 and over	

For families and households with more than 8 people, add \$5,380.00 for each additional person

No patient will be denied health care services due to an individual's inability to pay for services. Proof of your total family income is required for EAHHC sliding fee scale. A copy of your federal tax return should be used as proof of income. Social Security letter, public assistance checks, alimony and child support agreements are all acceptable forms of proof of income. Dependents living in the household must be verified. Parents should provide a copy of their children's social security card or birth certificate. Health center services are treated differently within the sliding fee policy. Restrictions do apply for some services.

**Example 1:** If you are married and have 2 children, the total household members would be "4". If your total household income is \$23,000 per year you would qualify for sliding scale "A" which means you pay \$15 total for your medical office visit including lab and x-ray fees and behavioral health office visit. For dental you pay \$25 for your office visit plus any dental labs at health center cost.

**Example 2:** If you are a single parent and have 5 children, the total household members would be "6". If your total household income is \$54,000 per year, you would qualify for sliding scale "C" which means you pay 30% of your office visit charge for medical, behavioral health and dental. You pay 100% for any dental labs and 45% for any medical labs and x-ray.

**Example 3:** If you are married and have 3 children, the total household members would be "5". If your total household income is \$75,000 per year, you would not qualify for sliding fee which means you pay 100% of all charges for medical, dental and behavioral health.

Board Approved