

Sliding Discount Fee Program Scales for Medical, Behavioral Health, and BHI-COE Service Visits

		SFS Level A (0% – 100% FPL*)	SFS Level B (101%- 125% FPL*)	SFS Level C (126% – 150% FPL*)	SFS Level D (151% - 200%FPL*)	Income Over 200% FPL*			
		<ul style="list-style-type: none"> • Medical or Behavioral Health visit= \$20 • Women’s Health Visit inclusive= \$25 • Behavioral Health Visit as 2nd Service on Same Day= \$10 • BHI-COE as single Service= \$0 	<ul style="list-style-type: none"> • Medical or Behavioral Health visit= \$35 • Women’s Health Visit inclusive= \$50 • Behavioral Health Visit as 2nd Service on Same Day= \$15 • BHI-COE as single Service= \$5 	<ul style="list-style-type: none"> • Medical or Behavioral Health visit= \$45 • Women’s Health Visit inclusive= \$65 • Behavioral Health Visit as 2nd Service on Same Day= \$20 • BHI-COE as single Service= \$10 	<ul style="list-style-type: none"> • Medical or Behavioral Health visit= \$55 • Women’s Health Visit inclusive= \$80 • Behavioral Health Visit as 2nd Service on Same Day= \$25 • BHI-COE as single Service= \$15 	<p><i>Patients making over 200% of the FPL will be billed the full price of the visit at time of check-in.</i></p>			
Family Size	Income Less Than		Income Less Than		Income Less Than		Income Less Than		<p>Nurse Visits: Level One: \$10 Level Two: \$15*</p> <p><small>*This is not for income over 200%</small></p>
	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually	
1	\$1,073	\$12,880	\$1,342	\$16,100	\$1,610	\$19,320	\$2,147	\$25,760	
2	\$1,452	\$17,420	\$1,815	\$21,775	\$2,178	\$26,130	\$2,903	\$34,840	
3	\$1,830	\$21,960	\$2,288	\$27,450	\$2,745	\$32,940	\$3,660	\$43,920	
4	\$2,208	\$26,500	\$2,760	\$33,125	\$3,313	\$39,750	\$4,417	\$53,000	
5	\$2,587	\$31,040	\$3,233	\$38,800	\$3,880	\$46,560	\$5,173	\$62,080	
6	\$2,965	\$35,580	\$3,706	\$44,475	\$4,448	\$53,370	\$5,930	\$71,160	
7	\$3,343	\$40,120	\$4,179	\$50,150	\$5,015	\$60,180	\$6,687	\$80,240	
8	\$3,722	\$44,660	\$4,652	\$55,825	\$5,583	\$66,990	\$7,443	\$89,320	

Each family member add \$4,540

*Based on Federal Poverty Guidelines Jan 2021, Federal Register- www.federalregister.gov; <https://aspe.hhs.gov/poverty-guidelines>

Programa de Descuento de Tarifas para visitas médicas, salud mental, y BHI-COE

Sliding Discount Fee (SDFS) Program for Medical, Behavioral Health, and BHI-COE Service Visits

		SFS Nivel A (0% – 100% FPL*)	SFS Nivel B (101%- 125% FPL*)	SFS Nivel C (126% – 150% FPL*)	SFS Nivel D (151% - 200%FPL*)	Ingresos mayor 200% FPL*		
		<ul style="list-style-type: none"> • Visita médica o salud conductual = \$20 • Visita de cuidado femenino= \$25 • Visita de salud mental como segunda visita en el mismo día= \$10 • Visita BHI-COE como servicio único = \$0 	<ul style="list-style-type: none"> • Visita médica o salud conductual = \$35 • Visita de cuidado femenino= \$50 • Visita de salud mental como segunda visita en el mismo día = \$15 • Visita BHI-COE como servicio único = \$5 	<ul style="list-style-type: none"> • Visita médica o salud conductual = \$45 • Visita de cuidado femenino= \$65 • Visita de salud mental como segunda visita en el mismo día = \$20 • Visita BHI-COE como servicio único = \$10 	<ul style="list-style-type: none"> • Visita médica o salud conductual = \$55 • Visita de cuidado femenino= \$80 • Visita de salud mental como segunda visita en el mismo día = \$25 • Visita BHI-COE como servicio único = \$15 	<p><i>A los pacientes que obtengan más del 200% del FPL se les facturará el precio total de la visita al momento de registración</i></p>		
Tamaño de la familia	Ingresos menores que		Ingresos menores que		Ingresos menores que		Ingresos menores que	
	<i>Mensual</i>	<i>Anual</i>	<i>Mensual</i>	<i>Anual</i>	<i>Mensual</i>	<i>Anual</i>	<i>Mensual</i>	<i>Anual</i>
1	\$1,073	\$12,880	\$1,342	\$16,100	\$1,610	\$19,320	\$2,147	\$25,760
2	\$1,452	\$17,420	\$1,815	\$21,775	\$2,178	\$26,130	\$2,903	\$34,840
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8	\$3,722	\$44,660	\$4,652	\$55,825	\$5,583	\$66,990	\$7,443	\$89,320

Nurse Visits:
Nivel 1: \$10
Nivel 2: \$15*

*No es para los de > 200%FPL

Por cada miembro de familia adicional, añadida: \$4,540

*Basado en Federal Poverty Guidelines Jan 2021, Federal Register- www.federalregister.gov; <https://aspe.hhs.gov/poverty-guidelines>