

Southern Indiana Community Health Care																						
Medical Services																						
Annual / Yearly Income Levels																						
Family Size	Class 1 0 - 100%				Class 2 101 - 125%				Class 3 126 - 150%				Class 4 151 - 175%				Class 5 176 - 200%					
	Pays Nominal Fee \$20				30% Payment				40% Payment				60% Payment				80% Payment					
1	\$	12,060	\$	12,061	to	\$	15,075	\$	15,076	to	\$	18,090	\$	18,091	to	\$	21,105	\$	21,106	to	\$	24,120
2	\$	16,240	\$	16,241	to	\$	20,300	\$	20,301	to	\$	24,360	\$	24,361	to	\$	28,420	\$	28,421	to	\$	32,480
3	\$	20,420	\$	20,421	to	\$	25,525	\$	25,526	to	\$	30,630	\$	30,631	to	\$	35,735	\$	35,736	to	\$	40,840
4	\$	24,600	\$	24,601	to	\$	30,750	\$	30,751	to	\$	36,900	\$	36,901	to	\$	43,050	\$	43,051	to	\$	49,200
5	\$	28,780	\$	28,781	to	\$	35,975	\$	35,976	to	\$	43,170	\$	43,171	to	\$	50,365	\$	50,366	to	\$	57,560
6	\$	32,960	\$	32,961	to	\$	41,200	\$	41,201	to	\$	49,440	\$	49,441	to	\$	57,680	\$	57,681	to	\$	65,920
7	\$	37,140	\$	37,141	to	\$	46,425	\$	46,426	to	\$	55,710	\$	55,711	to	\$	64,995	\$	64,996	to	\$	74,280
8	\$	41,320	\$	41,321	to	\$	51,650	\$	51,651	to	\$	61,980	\$	61,981	to	\$	72,310	\$	72,311	to	\$	82,640
- For family units more than eight members, add \$4,180 for each additional member.																						
- For families with income exceeding 200% of the federal poverty level, no discount is available.																						
- For families living at or under 100% of the poverty level, as defined by the federal guidelines, will be charged a nominal fee for medical visits.																						
- The sliding fee discount schedule does not apply to hospital physician charges.																						
Dental Services																						
Annual / Yearly Income Levels																						
Family Size	Class 1 0 - 100%				Class 2 101 - 125%				Class 3 126 - 150%				Class 4 151 - 175%				Class 5 176 - 200%					
	Pays Nominal Fee \$40				80% Payment				80% Payment				80% Payment				80% Payment					
1	\$	12,060	\$	12,061	to	\$	15,075	\$	15,076	to	\$	18,090	\$	18,091	to	\$	21,105	\$	21,106	to	\$	24,120
2	\$	16,240	\$	16,241	to	\$	20,300	\$	20,301	to	\$	24,360	\$	24,361	to	\$	28,420	\$	28,421	to	\$	32,480
3	\$	20,420	\$	20,421	to	\$	25,525	\$	25,526	to	\$	30,630	\$	30,631	to	\$	35,735	\$	35,736	to	\$	40,840
4	\$	24,600	\$	24,601	to	\$	30,750	\$	30,751	to	\$	36,900	\$	36,901	to	\$	43,050	\$	43,051	to	\$	49,200
5	\$	28,780	\$	28,781	to	\$	35,975	\$	35,976	to	\$	43,170	\$	43,171	to	\$	50,365	\$	50,366	to	\$	57,560
6	\$	32,960	\$	32,961	to	\$	41,200	\$	41,201	to	\$	49,440	\$	49,441	to	\$	57,680	\$	57,681	to	\$	65,920
7	\$	37,140	\$	37,141	to	\$	46,425	\$	46,426	to	\$	55,710	\$	55,711	to	\$	64,995	\$	64,996	to	\$	74,280
8	\$	41,320	\$	41,321	to	\$	51,650	\$	51,651	to	\$	61,980	\$	61,981	to	\$	72,310	\$	72,311	to	\$	82,640
Nominal fee covers oral exam, adult and child prophylaxis, and fluoride application.																						
Any radiology or additional services will be optional, and patient will receive 20% discount																						