Southern Indiana Community Health Care **Effective 1/11/2024**

Sliding Fee Discount Schedule

Medical & Behavioral Health Services

Annual / Yearly Income Levels

Family Size	Class 1 0 - 100% Pays Nominal Fee $15	Class 2 101 - 125% 30% Payment	Class 3 126 - 150% 40% Payment	Class 4 151 - 175% 50% Payment	Class 5 176 - 200% 60% Payment
1	$ 15,060	$ 15,061 to $ 18,825	$ 18,826 to $ 22,590	$ 22,591 to $ 26,355	$ 26,356 to $ 30,120
2	$ 20,440	$ 20,441 to $ 25,550	$ 25,551 to $ 30,660	$ 30,661 to $ 35,770	$ 35,771 to $ 40,880
3	$ 25,820	$ 25,821 to $ 32,275	$ 32,276 to $ 38,730	$ 38,731 to $ 45,185	$ 45,186 to $ 51,640
4	$ 31,200	$ 31,201 to $ 39,000	$ 39,001 to $ 46,800	$ 46,801 to $ 54,600	$ 54,601 to $ 62,400
5	$ 36,580	$ 36,581 to $ 45,725	$ 45,726 to $ 54,870	$ 54,871 to $ 64,015	$ 64,016 to $ 73,160
6	$ 41,960	$ 41,961 to $ 52,450	$ 52,451 to $ 62,940	$ 62,941 to $ 73,430	$ 73,431 to $ 83,920
7	$ 47,300	$ 47,301 to $ 59,125	$ 59,126 to $ 70,950	$ 70,951 to $ 82,775	$ 82,776 to $ 94,600
8	$ 52,720	$ 52,721 to $ 65,900	$ 65,901 to $ 79,080	$ 79,081 to $ 92,260	$ 92,261 to $ 105,440
9	$ 58,100	$ 58,101 to $ 72,625	$ 72,626 to $ 87,150	$ 87,151 to $ 101,675	$ 101,676 to $ 116,200
10	$ 63,480	$ 63,481 to $ 79,350	$ 79,351 to $ 95,220	$ 95,221 to $ 111,090	$ 111,091 to $ 126,960

- For family units more than eight members, add $5,380 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 medical & behavioral health sliding fee discount schedule does not apply to hospital physician charges, immunizations (with exception to the flu vaccine), injections and supplies.
- The sliding fee discount schedule does not apply to the supply costs of implantable birth control methods.

Dental Services

Annual / Yearly Income Levels

Family Size	Class 1 0 - 100% Pays Nominal Fee $40	Class 2 101 - 125% 80% Payment	Class 3 126 - 150% 85% Payment	Class 4 151 - 175% 90% Payment	Class 5 176 - 200% 95% Payment
1	$ 15,060	$ 15,061 to $ 18,825	$ 18,826 to $ 22,590	$ 22,591 to $ 26,355	$ 26,356 to $ 30,120
2	$ 20,440	$ 20,441 to $ 25,550	$ 25,551 to $ 30,660	$ 30,661 to $ 35,770	$ 35,771 to $ 40,880
3	$ 25,820	$ 25,821 to $ 32,275	$ 32,276 to $ 38,730	$ 38,731 to $ 45,185	$ 45,186 to $ 51,640
4	$ 31,200	$ 31,201 to $ 39,000	$ 39,001 to $ 46,800	$ 46,801 to $ 54,600	$ 54,601 to $ 62,400
5	$ 36,580	$ 36,581 to $ 45,725	$ 45,726 to $ 54,870	$ 54,871 to $ 64,015	$ 64,016 to $ 73,160
6	$ 41,960	$ 41,961 to $ 52,450	$ 52,451 to $ 62,940	$ 62,941 to $ 73,430	$ 73,431 to $ 83,920
7	$ 47,300	$ 47,301 to $ 59,125	$ 59,126 to $ 70,950	$ 70,951 to $ 82,775	$ 82,776 to $ 94,600
8	$ 52,720	$ 52,721 to $ 65,900	$ 65,901 to $ 79,080	$ 79,081 to $ 92,260	$ 92,261 to $ 105,440

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

Hospital Services

Annual / Yearly Income Levels

Family Size	Class 1 0 - 100% 50% Payment	Class 2 101 - 125% 55% Payment	Class 3 126 - 150% 60% Payment	Class 4 151 - 175% 70% Payment	Class 5 176 - 200% 80% Payment
1	$ 15,060	$ 12,881 to $ 16,100	$ 16,101 to $ 19,320	$ 19,321 to $ 22,540	$ 22,541 to $ 25,760
2	$ 20,440	$ 20,441 to $ 25,550	$ 25,551 to $ 30,660	$ 30,661 to $ 35,770	$ 35,771 to $ 40,880
3	$ 25,820	$ 25,821 to $ 32,275	$ 32,276 to $ 38,730	$ 38,731 to $ 45,185	$ 45,186 to $ 51,640
4	$ 31,200	$ 31,201 to $ 39,000	$ 39,001 to $ 46,800	$ 46,801 to $ 54,600	$ 54,601 to $ 62,400
5	$ 36,580	$ 36,581 to $ 45,725	$ 45,726 to $ 54,870	$ 54,871 to $ 64,015	$ 64,016 to $ 73,160
6	$ 41,960	$ 41,961 to $ 52,450	$ 52,451 to $ 62,940	$ 62,941 to $ 73,430	$ 73,431 to $ 83,920
7	$ 47,300	$ 47,301 to $ 59,125	$ 59,126 to $ 70,950	$ 70,951 to $ 82,775	$ 82,776 to $ 94,600
8	$ 52,720	$ 52,721 to $ 65,900	$ 65,901 to $ 79,080	$ 79,081 to $ 92,260	$ 92,261 to $ 105,440