Southern Indiana Community Health Care — **Effective 1/17/2025**

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	$ 15,650	$ 15,651 to $ 19,563	$ 19,564 to $ 23,475	$ 23,476 to $ 27,388	$ 27,389 to $ 31,300
2	$ 21,150	$ 21,151 to $ 26,438	$ 26,439 to $ 31,725	$ 31,726 to $ 37,013	$ 37,014 to $ 42,300
3	$ 26,650	$ 26,651 to $ 33,313	$ 33,314 to $ 39,975	$ 39,976 to $ 46,638	$ 46,639 to $ 53,300
4	$ 32,150	$ 32,151 to $ 40,188	$ 40,189 to $ 48,225	$ 48,226 to $ 56,263	$ 56,264 to $ 64,300
5	$ 37,650	$ 37,651 to $ 47,063	$ 47,064 to $ 56,475	$ 56,476 to $ 65,888	$ 65,889 to $ 75,300
6	$ 43,150	$ 43,151 to $ 53,938	$ 53,939 to $ 64,725	$ 64,726 to $ 75,513	$ 75,514 to $ 86,300
7	$ 48,650	$ 48,651 to $ 60,813	$ 60,814 to $ 72,975	$ 72,976 to $ 85,138	$ 85,139 to $ 97,300
8	$ 54,150	$ 54,151 to $ 67,688	$ 67,689 to $ 81,225	$ 81,226 to $ 94,763	$ 94,764 to $ 108,300
9	$ 59,650	$ 59,651 to $ 74,563	$ 74,564 to $ 89,475	$ 89,476 to $ 104,388	$ 104,389 to $ 119,300
10	$ 65,150	$ 65,151 to $ 81,438	$ 81,439 to $ 97,725	$ 97,726 to $ 114,013	$ 114,014 to $ 130,300

- For family units more than eight members, add $5,500 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	$ 15,650	$ 15,651 to $ 19,563	$ 19,564 to $ 23,475	$ 23,476 to $ 27,388	$ 27,389 to $ 31,300
2	$ 21,150	$ 21,151 to $ 26,438	$ 26,439 to $ 31,725	$ 31,726 to $ 37,013	$ 37,014 to $ 42,300
3	$ 26,650	$ 26,651 to $ 33,313	$ 33,314 to $ 39,975	$ 39,976 to $ 46,638	$ 46,639 to $ 53,300
4	$ 32,150	$ 32,151 to $ 40,188	$ 40,189 to $ 48,225	$ 48,226 to $ 56,263	$ 56,264 to $ 64,300
5	$ 37,650	$ 37,651 to $ 47,063	$ 47,064 to $ 56,475	$ 56,476 to $ 65,888	$ 65,889 to $ 75,300
6	$ 43,150	$ 43,151 to $ 53,938	$ 53,939 to $ 64,725	$ 64,726 to $ 75,513	$ 75,514 to $ 86,300
7	$ 48,650	$ 48,651 to $ 60,813	$ 60,814 to $ 72,975	$ 72,976 to $ 85,138	$ 85,139 to $ 97,300
8	$ 54,150	$ 54,151 to $ 67,688	$ 67,689 to $ 81,225	$ 81,226 to $ 94,763	$ 94,764 to $ 108,300

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	$ 15,650	$ 12,881 to $ 16,100	$ 16,101 to $ 19,320	$ 19,321 to $ 22,540	$ 22,541 to $ 25,760
2	$ 21,150	$ 21,151 to $ 26,438	$ 26,439 to $ 31,725	$ 31,726 to $ 37,013	$ 37,014 to $ 42,300
3	$ 26,650	$ 26,651 to $ 33,313	$ 33,314 to $ 39,975	$ 39,976 to $ 46,638	$ 46,639 to $ 53,300
4	$ 32,150	$ 32,151 to $ 40,188	$ 40,189 to $ 48,225	$ 48,226 to $ 56,263	$ 56,264 to $ 64,300
5	$ 37,650	$ 37,651 to $ 47,063	$ 47,064 to $ 56,475	$ 56,476 to $ 65,888	$ 65,889 to $ 75,300
6	$ 43,150	$ 43,151 to $ 53,938	$ 53,939 to $ 64,725	$ 64,726 to $ 75,513	$ 75,514 to $ 86,300
7	$ 48,650	$ 48,651 to $ 60,813	$ 60,814 to $ 72,975	$ 72,976 to $ 85,138	$ 85,139 to $ 97,300
8	$ 54,150	$ 54,151 to $ 67,688	$ 67,689 to $ 81,225	$ 81,226 to $ 94,763	$ 94,764 to $ 108,300