## Shasta Community Health Center EIS Sliding Fee Scale

Sliding Fee Discounts are available to patients meeting income eligibility requirements Weekly Pay: X4.33 - Every 2 weeks pay:X2.167 - Twice a month pay: X2

## 2023 Annual Income EIS Sliding Fee Scale

Effective Mar 1, 2023 **for Sliding Fee ONLY** 

No Fe	ee is due at a	ny visit	>100% and ≤200% FPL				>200% and ≤300% FPL				>3009			
Family	Slide A		Slide B				Slide C				Self Pay		10% CAP	
Size	Yearly	Monthly	Yearly		Monthly		Yearly		Monthly		Yearly Monthly		Yrly Total	
1	\$ 14,580	\$ 1,073	\$ 14,581	\$ 25,752	\$ 1,074	\$ 2,146	\$ 25,753	\$ 43,740	\$ 2,147	\$ 3,219	\$ 43,741	\$ 3,220	\$ 4	4,374
													\$	-
													\$	-
													\$	-
											Self Pay	/ CAP is		
Yearly Cap	\$0		\$ 25.00 per visit until \$100				\$30.00 per visit until \$120				10% of Yearly Income			

Patients must complete and sign Shasta Community Health Center Sliding Fee Program Application documenting income and family size in writing once every twelve months.

EIS qualification based on EIS individual income only.

Authorization is required to waive minimum fee.