

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

2026 Annual Income EIS Sliding Fee Scale

Effective 2026

for Sliding Fee ONLY

Family Size	No Fee is due at any visit		>100% and ≤200% FPL		>200% and ≤300% FPL		>300% FPL		10% CAP Yrly Total
	Slide A		Slide B		Slide C		Self Pay		
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	
1	\$ 15,960	\$ 1,330	\$ 15,961	\$ 1,331	\$ 31,921	\$ 2,661	\$ 47,881	\$ 3,991	\$ 4,788
									\$ -
									\$ -
									\$ -
Yearly Cap	\$0		\$ 25.00 per visit until \$100		\$30.00 per visit until \$120		Self Pay CAP is 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.