

CARE ALLIANCE HEALTH CENTER

EFFECTIVE 2017 (updated May 2017)

Care Alliance is pleased to provide services for you today on a discounted, sliding fee schedule based on your income. Your bill for today's service will be calculated as follows:

Care Alliance Health Center's Sliding Fee Scale						
Based on Annual Income in accordance with the 2017 Federal Poverty Guidelines						
FamilySize	SCALE A 0-100% FPL	SCALE B 101-125% FPL	SCALE C 126-150% FPL	SCALE D 151-175% FPL	SCALE E 176-200% FPL	SCALE F 201% FPL and above
1	\$0 - \$12,060	\$12,061 - \$15,075	\$15,076 - \$18,090	\$18,091 - \$21,105	\$21,106 - \$24,120	\$24,121 +
2	\$0 - \$16,240	\$16,241 - \$20,300	\$20,301 - \$24,360	\$24,361 - \$28,420	\$28,421 - \$32,480	\$32,481 +
3	\$0 - \$20,420	\$20,421 - \$25,525	\$25,526 - \$30,630	\$30,631 - \$35,735	\$35,736 - \$40,840	\$40,841 +
4	\$0 - \$24,600	\$24,601 - \$30,750	\$30,751 - \$36,900	\$36,901 - \$43,050	\$43,051 - \$49,200	\$49,201 +
5	\$0 - \$28,780	\$28,781 - \$35,975	\$35,976 - \$43,170	\$43,171 - \$50,365	\$50,366 - \$57,560	\$57,561 +
6	\$0 - \$32,960	\$32,961 - \$41,200	\$41,201 - \$49,440	\$49,441 - \$57,680	\$57,681 - \$65,920	\$65,921 +
Nominal Fees for Service						
Services	SCALE A	SCALE B	SCALE C	SCALE D	SCALE E	SCALE F
Medical Visits*	\$2	\$10	\$15	\$20	\$25	Full Fee
Dental Visits	\$10	\$20	\$30	\$40	\$50	Full Fee
Prescriptions	\$2	\$4	\$4	\$4	\$4	Full Fee^
Dentures/ Resin Partials**	\$350	\$400	\$500	\$600	\$700	Full Fee
Crowns (PFM, Porcelain)**	\$300	\$400	\$500	\$600	\$700	Full Fee
Cast Partials**	25%	40%	55%	70%	85%	Full Fee
Major Dental Work (RCT**, Prosth**, OS)	40%	45%	55%	70%	85%	Full Fee
*There are additional fees, based on family size and income, for devices such as Long Acting Reversible Contraception (LARC). You will be notified in advance to discuss options, including payment.						
**The charge for these services is a one-time fee. Included in the fee for dentures and partials are 2 adjustment appointments.						
^A Pharmacy Loyalty Program is available. Please speak with the Pharmacy Department for more information.						

For each additional family member, add \$4,180 income annually.

IMPORTANT!

If you are single and your income is below \$12,060, the majority of your bill will be paid with funding we receive from the Bureau of Primary Health Care, local foundations and other contributions.

SOURCE: Federal Register / Vol. 82, No. 19 / Tuesday, January 31, 2017 / Notices