

**Shawnee Christian Health Center, Inc. Sliding Fee Scale
Medical & Behavioral Health Services**

Family Size	Annual/ Yearly Income				
	Class 1 0-100% Pays Nominal Fee \$25	Class 2 101 -125% Pays \$35 Fee	Class 3 126-150% Pays \$40 Fee	Class 4 151-175% Pays \$45 Fee	Class 5 176-200% Pays \$50 Fee
1	\$0 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$ 21,870	\$21,871 - \$ 25,515	\$25,516 - \$ 29,160
2	\$0 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$ 29,580	\$29,581 - \$ 34,510	\$34,511 - \$ 39,440
3	\$0 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$ 37,290	\$37,291 - \$ 43,505	\$43,506 - \$ 49,720
4	\$0 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$ 45,000	\$45,001 - \$ 52,500	\$52,501 - \$ 60,000
5	\$0 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$ 52,710	\$52,711 - \$ 61,495	\$61,496 - \$ 70,280
6	\$0 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$ 60,420	\$60,421 - \$ 70,490	\$70,491 - \$ 80,560
7	\$0 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$ 68,130	\$68,131 - \$ 79,485	\$79,486 - \$ 90,840
8	\$0 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$ 75,840	\$75,841 - \$ 88,480	\$88,481 - \$ 101,120

*For family units more than eight members, add \$5,140 for each additional member
ABOVE 200% - NO DISCOUNT

Payment

A sliding fee scale is offered for uninsured/underinsured patients. All payers are accepted.
To apply for the sliding fee option, patients should bring income documentation:

- *Three (3) consecutive current paycheck stubs
- *Letter from the employer must be written on company letterhead
- *If self-employed - A Form 1040 tax return from previous calendar year
- *If state income - letter from social worker, copy of award letter from the Social Security Administration, check stub or letter with details of pension benefits

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

Effective 2/1/2023

**Shawnee Christian Health Center, Inc. Sliding Fee Scale
Dental Services**

Annual/ Yearly Income

Family Size	Class 1 0-100%	Class 2 101 -125%	Class 3 126-150%	Class 4 151-175%	Class 5 176-200%
1	\$0 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$ 21,870	\$21,871 - \$ 25,515	\$25,516 - \$ 29,160
2	\$0 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$ 29,580	\$29,581 - \$ 34,510	\$34,511 - \$ 39,440
3	\$0 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$ 37,290	\$37,291 - \$ 43,505	\$43,506 - \$ 49,720
4	\$0 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$ 45,000	\$45,001 - \$ 52,500	\$52,501 - \$ 60,000
5	\$0 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$ 52,710	\$52,711 - \$ 61,495	\$61,496 - \$ 70,280
6	\$0 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$ 60,420	\$60,421 - \$ 70,490	\$70,491 - \$ 80,560
7	\$0 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$ 68,130	\$68,131 - \$ 79,485	\$79,486 - \$ 90,840
8	\$0 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$ 75,840	\$75,841 - \$ 88,480	\$88,481 - \$ 101,120

*For family units more than eight members, add \$5,140 for each additional member

ABOVE 200% - NO DISCOUNT

Payment

A sliding fee scale is offered for uninsured/underinsured patients. All payers are accepted.

To apply for the sliding fee option, patients should bring income documentation:

*Three (3) current paycheck stubs

*Letter from the employer must be written on company letterhead

*If self-employed - A Form 1040 tax return from previous calendar year

*If state income - letter from social worker, copy of award letter from the Social Security Administration, check stub or letter with details of pension benefits

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

All dental services are subject to the sliding fee scale. Please see list of Diagnostic & Preventative services, Basic Dental services and Other Dental services.
For any service not listed, please ask a SCHC Dental employee for discount.

Effective 2/1/2023

Shawnee Christian Health Center, Inc. Sliding Fee Scale

Dental Services

Services	Class 1 Fees	Class 2 Fees	Class 3 Fees	Class 4 Fees	Class 5 Fees
Diagnostic & Preventative Dental Services	Nominal Fee \$40	Fee \$50	Fee \$55	Fee \$60	Fee \$65

These services include: Dental exams, X-Rays, Cleaning & Flouride, Sealants and Oral Hygiene Instrucion.

Services	Class 1 Fees	Class 2 Fees	Class 3 Fees	Class 4 Fees	Class 5 Fees
Basic Dental Services (Non-Laboratory)	Nominal Fee \$50	50% Discount	45% Discount	40% Discount	35% Discount

Basic Dental Services includes: Fillings, Simple Extractions, Perio (Per Quadrant), Perio (1-3 teeth), Pulpotomy, Stainless Steel Crowns

Other Dental Services - Per Service (Including Lab Fees)	Class 1 Fees	Class 2 Fees	Class 3 Fees	Class 4 Fees	Class 5 Fees
Surgical Extraction	Nominal Fee \$80	50% Discount	45% Discount	40% Discount	35% Discount
Endotherapy	Nominal Fee \$200	50% Discount	45% Discount	40% Discount	35% Discount
Crown	Nominal Fee \$350	50% Discount	45% Discount	40% Discount	35% Discount
Denture or Partial (Single Arch)	Nominal Fee \$400	50% Discount	45% Discount	40% Discount	35% Discount
Add Tooth to Existing Partial	Nominal Fee \$65	50% Discount	45% Discount	40% Discount	35% Discount
Flipper	Nominal Fee \$200	50% Discount	45% Discount	40% Discount	35% Discount
Reline (Single Arch)	Nominal Fee \$120	50% Discount	45% Discount	40% Discount	35% Discount
Occlusal Guard	Nominal Fee \$150	50% Discount	45% Discount	40% Discount	35% Discount

All services are subject to the sliding fee scale. For any service not listed, please ask a SCHC Dental employee for discounted price.

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**Shawnee Christian Health Center, Inc. Sliding Fee Scale
Pharmacy Services**

Annual/ Yearly Income

Family Size	Class 1 0-100% Pays ACQ + \$8	Class 2 101 -125% Pays ACQ + \$11	Class 3 126-150% Pays ACQ + \$14	Class 4 151-175% Pays ACQ + \$17	Class 5 176-200% Pays ACQ + \$20
1	\$0 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$ 21,870	\$21,871 - \$ 25,515	\$25,516 - \$ 29,160
2	\$0 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$ 29,580	\$29,581 - \$ 34,510	\$34,511 - \$ 39,440
3	\$0 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$ 37,290	\$37,291 - \$ 43,505	\$43,506 - \$ 49,720
4	\$0 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$ 45,000	\$45,001 - \$ 52,500	\$52,501 - \$ 60,000
5	\$0 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$ 52,710	\$52,711 - \$ 61,495	\$61,496 - \$ 70,280
6	\$0 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$ 60,420	\$60,421 - \$ 70,490	\$70,491 - \$ 80,560
7	\$0 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$ 68,130	\$68,131 - \$ 79,485	\$79,486 - \$ 90,840
8	\$0 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$ 75,840	\$75,841 - \$ 88,480	\$88,481 - \$ 101,120

*For family units more than eight members, add \$5,140 for each additional member

ABOVE 200% - No Discount

ACQ = Actual Acquisition Cost

Payment

A sliding fee scale is offered for uninsured/underinsured patients. Most payers are accepted.

To apply for the sliding fee option, patients should bring income documentation:

*Three (3) consecutive current paycheck stubs

*Letter from the employer must be written on company letterhead

*If self-employed - A Form 1040 tax return from previous calendar year

*If state income - letter from social worker, copy of award letter from the Social Security Administration, check stub or letter with details of pension benefits

A self-attestation of income form is also available to apply for the sliding fee option in lieu of income documentation.

Sliding Fee application must be completed every 12 months to remain eligible for discount.

The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

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