

HEALTHCARE CHOICES, INC.

Medical Sliding Fee Schedule

Poverty Thresholds

Effective Date 2/21/2018

Full Fee if no Documentation, or doesn't meet Sliding Fee Discount Measures
Cash Discount Available to \$125 if over 401% FPL and making Payment At time of Visit

HCC Medical FEE Schedule	\$ 10.00	\$ 20.00	\$ 30.00	\$ 45.00	\$ 100.00	\$ 125.00	\$ 300.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 400%	>=401%
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Family Size	A	B	C	D	E	F	G
1	12,140	15,175	18,210	21,245	24,280	48,560	48,681
2	16,460	20,575	24,690	28,805	32,920	65,840	66,005
3	20,780	25,975	31,170	36,365	41,560	83,120	83,328
4	25,100	31,375	37,650	43,925	50,200	100,400	100,651
5	29,420	36,775	44,130	51,485	58,840	117,680	117,974
6	33,740	42,175	50,610	59,045	67,480	134,960	135,297
7	38,060	47,575	57,090	66,605	76,120	152,240	152,621
8	42,380	52,975	63,570	74,165	84,760	169,520	169,944

HEALTHCARE CHOICES, INC.

Dental Sliding Fee Schedule

Poverty Thresholds

Effective Date 2/21/2018

HCC Dental FEE Schedule	\$ 45.00	\$ 50.00	\$ 60.00	\$ 75.00	\$ 100.00	\$ 125.00	\$ 300.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 400%	>=401%
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Family Size	A	B	C	D	E	F	G
1	12,140	15,175	18,210	21,245	24,280	48,560	48,681
2	16,460	20,575	24,690	28,805	32,920	65,840	66,005
3	20,780	25,975	31,170	36,365	41,560	83,120	83,328
4	25,100	31,375	37,650	43,925	50,200	100,400	100,651
5	29,420	36,775	44,130	51,485	58,840	117,680	117,974
6	33,740	42,175	50,610	59,045	67,480	134,960	135,297
7	38,060	47,575	57,090	66,605	76,120	152,240	152,621
8	42,380	52,975	63,570	74,165	84,760	169,520	169,944

HEALTHCARE CHOICES, INC.

Psychiatry Sliding Fee Schedule

Poverty Thresholds

Effective Date 2/21/2018

HCC Psychiatry FEE Schedule	\$ 65.00	\$ 70.00	\$ 75.00	\$ 80.00	\$ 100.00	\$ 125.00	\$ 300.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 400%	>=401%
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Family Size	A	B	C	D	E	F	G
1	12,140	15,175	18,210	21,245	24,280	48,560	48,681
2	16,460	20,575	24,690	28,805	32,920	65,840	66,005
3	20,780	25,975	31,170	36,365	41,560	83,120	83,328
4	25,100	31,375	37,650	43,925	50,200	100,400	100,651
5	29,420	36,775	44,130	51,485	58,840	117,680	117,974
6	33,740	42,175	50,610	59,045	67,480	134,960	135,297
7	38,060	47,575	57,090	66,605	76,120	152,240	152,621
8	42,380	52,975	63,570	74,165	84,760	169,520	169,944

For Family/households @ Level A with more then 9 persons, add \$4,320 for each additional person.
 For Family/households @ Level B with more then 9 persons, add \$5,400 for each additional person.
 For Family/households @ Level C with more then 9 persons, add \$6,480 for each additional person.
 For Family/households @ Level D with more then 9 persons, add \$7,560 for each additional person.
 For Family/households @ Level E with more then 9 persons, add \$8,640 for each additional person.
 For Family/households @ Level F with more then 9 persons, add \$17,280 for each additional person.
 For Family/households @ Level F with more then 9 persons, add \$17,324 for each additional person.