

Kedren Community Care Clinic Sliding Fee Scale 2023

Refer to Federal Register 1/21/2023

Effective Date: 3/1/2023

*The Kedren Community Health Center, Inc sliding fee discount schedule is used to determine the discount a patient will receive on their total charges for services. The scale below shows annual income.
These fees and discounts apply to medical and behavioral health services provided directly by Kedren Community Health Center, Inc.*

Persons in Family/ Household	A		B		C		D		No Discount	
	<=100% FPG		101%-133% FPG		134%-166% FPG		167%-400% FPG		401%> FPG	
1	\$ -	\$ 14,580	\$ 14,581	\$ 19,391	\$ 19,392	\$ 24,203	\$ 24,204	\$ 58,320	\$ 58,321	+
2	\$ -	\$ 19,720	\$ 19,721	\$ 26,228	\$ 26,229	\$ 32,735	\$ 32,736	\$ 78,880	\$ 78,881	+
3	\$ -	\$ 24,860	\$ 24,861	\$ 33,064	\$ 33,065	\$ 41,268	\$ 41,269	\$ 99,440	\$ 99,441	+
4	\$ -	\$ 30,000	\$ 30,001	\$ 39,900	\$ 39,901	\$ 49,800	\$ 49,801	\$ 120,000	\$ 120,001	+
5	\$ -	\$ 35,140	\$ 35,141	\$ 46,736	\$ 46,737	\$ 58,332	\$ 58,333	\$ 140,560	\$ 140,561	+
6	\$ -	\$ 40,280	\$ 40,281	\$ 53,572	\$ 53,573	\$ 66,865	\$ 66,866	\$ 161,120	\$ 161,121	+
7	\$ -	\$ 45,420	\$ 45,421	\$ 60,409	\$ 60,410	\$ 75,397	\$ 75,398	\$ 181,680	\$ 181,681	+
8	\$ -	\$ 50,560	\$ 50,561	\$ 67,245	\$ 67,246	\$ 83,930	\$ 83,931	\$ 202,240	\$ 202,241	+

Payment:

Medical

\$10
Nominal Charge

25%

50%

75%

100%

For families/households with more than 8 persons, add \$5,140 for each additional person.

Discount Schedule based on 2023 Federal Poverty Guidelines found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

No one will be turned away for lack of ability to pay.

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Effective Date: _____ 3/1/2023

The Kedren Community Health Center, Inc sliding fee discount schedule is used to determine the discount a patient will receive on their total charges for services. The scale below shows monthly income. These fees and discounts apply to medical and behavioral health services provided directly by Kedren Community Health Center, Inc.

Persons in Family/ Household	A		B		C		D		No Discount	
	<=100% FPG		101%-133% FPG		134%-166% FPG		167%-400% FPG		401%> FPG	
1	\$ -	\$ 1,215	\$ 1,216	\$ 1,616	\$ 1,617	\$ 2,017	\$ 2,018	\$ 4,860	\$ 4,861	+
2	\$ -	\$ 1,643	\$ 1,644	\$ 2,186	\$ 2,187	\$ 2,728	\$ 2,729	\$ 6,573	\$ 6,574	+
3	\$ -	\$ 2,072	\$ 2,073	\$ 2,755	\$ 2,756	\$ 3,439	\$ 3,440	\$ 8,287	\$ 8,288	+
4	\$ -	\$ 2,500	\$ 2,501	\$ 3,325	\$ 3,326	\$ 4,150	\$ 4,151	\$ 10,000	\$ 10,001	+
5	\$ -	\$ 2,928	\$ 2,929	\$ 3,895	\$ 3,896	\$ 4,861	\$ 4,862	\$ 11,713	\$ 11,714	+
6	\$ -	\$ 3,357	\$ 3,358	\$ 4,464	\$ 4,465	\$ 5,572	\$ 5,573	\$ 13,427	\$ 13,428	+
7	\$ -	\$ 3,785	\$ 3,786	\$ 5,034	\$ 5,035	\$ 6,283	\$ 6,284	\$ 15,140	\$ 15,141	+
8	\$ -	\$ 4,213	\$ 4,214	\$ 5,604	\$ 5,605	\$ 6,994	\$ 6,995	\$ 16,853	\$ 16,854	+

Payment:	\$10 <i>Nominal Charge</i>	25%	50%	75%	100%
Medical					

For families/households with more than 8 persons, add \$428 for each additional person.

Discount Schedule based on 2023 Federal Poverty Guidelines found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

No one will be turned away for lack of ability to pay.