

MOUNTAIN COMPREHENSIVE HEALTH CORPORATION

SLIDING SCALE SCHEDULE OF FAMILY INCOME AND PERCENT OF CHARGE PAYABLE (BASED ON 2023 HHS POVERTY GUIDELINES)

FEDERAL GUIDELINES EFFECTIVE JANUARY 19, 2023

MEDICAL/OPTOMETRY/BEHAVIORAL/CHIROPRACTOR/PREVENTATIVE DENTAL SLIDING SCALE ONLY

LEVEL	100% and below	101% - 125%	126% - 150%	151% - 200%	200% and above
CHARGE	\$25.00 nominal	\$35.00	\$50.00	\$75.00	100% of Charges
FAMILY	INCOME	INCOME	INCOME	INCOME	INCOME
SIZE	UP TO	UP TO	UP TO	UP TO	OVER
1	14,580	18,225	21,870	29,160	29,160
2	19,720	24,650	29,580	39,440	39,440
3	24,860	31,075	37,290	49,720	49,720
4	30,000	37,500	45,000	60,000	60,000
5	35,140	43,925	52,710	70,280	70,280
6	40,280	50,350	60,420	80,560	80,560
7	45,420	56,775	68,130	90,840	90,840
8	50,560	63,200	75,840	101,120	101,120
9	55,700	69,625	83,550	111,400	111,400
10	60,840	76,050	91,260	121,680	121,680

FOR FAMILY UNITS OF MORE THAN 10 MEMBERS, ADD \$5,140 FOR EACH ADDITIONAL MEMBER.

PLEASE NOTE:

1. SLIDING SCALE DEPENDS SOLELY ON FAMILY SIZE AND INCOME.
2. THE NOMINAL CHARGE MUST BE COLLECTED AT THE TIME SERVICES ARE RENDERED.
3. THE SLIDING SCALE APPLIES ONLY AFTER THIRD PARTY INSURANCE CARRIERS (i.e. Medicare, Medicaid, etc.) HAVE PAID THEIR SHARE AND FOR SERVICES NOT COVERED BY INSURANCE.

* subject to carveouts on certain procedures

