

MOUNTAIN COMPREHENSIVE HEALTH CORPORATION

SLIDING SCALE SCHEDULE OF FAMILY INCOME AND PERCENT OF CHARGE PAYABLE (BASED ON 2022 HHS POVERTY GUIDELINES)

FEDERAL GUIDELINES EFFECTIVE JANUARY 21, 2022

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					
SIZE	UP TO	UP TO	UP TO	UP TO	OVER
1	13,590	16,988	20,385	27,180	27,180
2	18,310	22,888	27,465	36,620	36,620
3	23,030	28,788	34,545	46,060	46,060
4	27,750	34,688	41,625	55,500	55,500
5	32,470	40,588	48,705	64,940	64,940
6	37,190	46,488	55,785	74,380	74,380
7	41,910	52,388	62,865	83,820	83,820
8	46,630	58,288	69,945	93,260	93,260
9	51,350	64,188	77,025	102,700	102,700
10	56,070	70,088	84,105	112,140	112,140

FOR FAMILY UNITS OF MORE THAN 10 MEMBERS, ADD \$4,720 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