

East Liberty Family Health Care Center

Sliding Fee Scale

(Based on Federal Register 2018)

		Level 1	Level 2	Level 3	Level 4	Level 5
% of Federal Poverty Income Guidelines		<100% of Poverty Level	100% – 125%	126% – 150%	151% – 175%	176% - 200%
Family Size	Income Measure	Provider - \$10 Nurse - \$5 CCM - \$1	Provider - \$20 Nurse - \$10 CCM - \$1	Provider - \$30 Nurse - \$10 CCM- \$2	Provider - \$50 Nurse - \$15 CCM-\$2	Provider - \$60 Nurse - \$15 CCM- \$3
1	Annual	\$0 – \$12,140	\$12,141 – \$15,175	\$15,176-\$18,210	\$18,211-\$21,245	\$21,246-\$24,280
2	Annual	\$0 – \$16,460	\$16,241 – \$20,575	\$20,576-\$24,690	\$24,691-\$28,805	\$28,806-\$32,920
3	Annual	\$0 – \$20,780	\$20,781 – \$25,975	\$25,976-\$31,170	\$31,171-\$36,365	\$36,366-\$41,560
4	Annual	\$0 – \$25,100	\$25,101-\$31,375	\$31,376-\$37,650	\$37,651-\$43,925	\$43,926-\$50,200
5	Annual	\$0 – \$29,420	\$29,420-\$36,775	\$36,776-\$44,130	\$44,131-\$51,485	\$51,486-\$58,840
6	Annual	\$0 – \$33,740	\$33,741-\$42,175	\$42,176-\$50,610	\$50,611-\$59,045	\$59,046-\$67,480
7	Annual	\$0 – \$38,060,	\$38,061-\$47,575	\$47,576-\$57,090	\$57,091-\$66,605	\$66,606-\$76,120
8	Annual	\$0 – \$42,380	\$42,381-\$52,975	\$52,976-\$63,570	\$63,571-\$74,165	\$74,166-\$84,760
* each additional		+ \$4,320-A	+ \$4,320-A	+ \$4,320-A	+ \$4,320-A	+ \$4,320-A

Outside lab fees are additional. Applications for Quest's patient assistance program are available upon request.

Basic, covered Dental Services include: Cleanings, X-Rays, Fillings, and Extractions. Services, such as crowns and teeth whitening are not included



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A CHRISTIAN MINISTRY OF
WHOLE PERSON HEALTH CARE