


Southeast Community Health Systems 2024 Sliding Fee Scale

	N/A		50% of charges		65% of Charges		80% of Charges		100% of Charges	
	<=100%		100-138%		139-164%		165<=200%		>200%	
Family Size	Slide A		Slide B		Slide C		Slide D		Slide E	
1	\$ -	\$ 15,060.00	\$ 15,060.01	\$ 20,782.80	\$ 20,782.81	\$ 24,698.40	\$ 24,698.41	\$ 30,120.00	\$ 30,120.01	\$ 999,999.00
2	\$ -	\$ 20,440.00	\$ 20,440.01	\$ 28,207.20	\$ 28,207.21	\$ 33,521.60	\$ 33,521.61	\$ 40,880.00	\$ 40,880.01	\$ 999,999.00
3	\$ -	\$ 25,820.00	\$ 25,820.01	\$ 35,631.60	\$ 35,631.61	\$ 42,344.80	\$ 42,344.81	\$ 51,640.00	\$ 51,640.01	\$ 999,999.00
4	\$ -	\$ 31,200.00	\$ 31,200.01	\$ 43,056.00	\$ 43,056.01	\$ 51,168.00	\$ 51,168.01	\$ 62,400.00	\$ 62,400.01	\$ 999,999.00
5	\$ -	\$ 36,580.00	\$ 36,580.01	\$ 50,480.40	\$ 50,480.41	\$ 59,991.20	\$ 59,991.21	\$ 73,160.00	\$ 73,160.01	\$ 999,999.00
6	\$ -	\$ 41,960.00	\$ 41,960.01	\$ 57,904.80	\$ 57,904.81	\$ 68,814.40	\$ 68,814.41	\$ 83,920.00	\$ 83,920.01	\$ 999,999.00
7	\$ -	\$ 47,340.00	\$ 47,340.01	\$ 65,329.20	\$ 65,329.21	\$ 77,637.60	\$ 77,637.61	\$ 94,680.00	\$ 94,680.01	\$ 999,999.00
8	\$ -	\$ 52,720.00	\$ 52,720.01	\$ 72,753.60	\$ 72,753.61	\$ 86,460.80	\$ 86,460.81	\$ 105,440.00	\$ 105,440.01	\$ 999,999.00
9	\$ -	\$ 58,100.00	\$ 58,100.01	\$ 80,178.00	\$ 80,178.01	\$ 95,284.00	\$ 95,284.01	\$ 116,200.00	\$ 116,200.01	\$ 999,999.00
10	\$ -	\$ 63,480.00	\$ 63,480.01	\$ 87,602.40	\$ 87,602.41	\$ 104,107.20	\$ 104,107.21	\$ 126,960.00	\$ 126,960.01	\$ 999,999.00
11	\$ -	\$ 68,860.00	\$ 68,860.01	\$ 95,026.80	\$ 95,026.81	\$ 112,930.40	\$ 112,930.41	\$ 137,720.00	\$ 137,720.01	\$ 999,999.00
12	\$ -	\$ 74,240.00	\$ 74,240.01	\$ 102,451.20	\$ 102,451.21	\$ 121,753.60	\$ 121,753.61	\$ 148,480.00	\$ 148,480.01	\$ 999,999.00
13	\$ -	\$ 79,620.00	\$ 79,620.01	\$ 109,875.60	\$ 109,875.61	\$ 130,576.80	\$ 130,576.81	\$ 159,240.00	\$ 159,240.01	\$ 999,999.00
14	\$ -	\$ 85,000.00	\$ 85,000.01	\$ 117,300.00	\$ 117,300.01	\$ 139,400.00	\$ 139,400.01	\$ 170,000.00	\$ 170,000.01	\$ 999,999.00
15	\$ -	\$ 90,380.00	\$ 90,380.01	\$ 124,724.40	\$ 124,724.41	\$ 148,223.20	\$ 148,223.21	\$ 180,760.00	\$ 180,760.01	\$ 999,999.00

Patient Responsibility Based on Type of Visit

Visit Type	Slide Scale A*	Slide Scale B**	Slide Scale C**	Slide Scale D**	Slide Scale E
Medical New	\$30.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Established	\$25.00				
Procedures	Included in nominal fee	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Labs	\$0.00	\$0.00	\$0.00	\$0.00	100% of Charges
Chronic Care Mgmt (CCM)	\$0.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Dental	\$40.00	50% of Charges	65% of Charges	80% of Charges	100% of Charges
Note: Nominal Fee	*this fee constitutes the nominal amount collected	**discounted fee will be 50% of charges or \$35 for medical or \$45 for dental, whichever is greater	**discounted fee will be 65% of charges or \$35 for medical or \$45 for dental, whichever is greater	**discounted fee will be 80% of charges or \$35 for medical or \$45 for dental, whichever is greater	
Total 340B Pharmacy Costs	\$8.00	\$10.00+340B Drug Cost	\$12.00+340B Drug Cost	\$14.00+340B Drug Cost	\$15.00+340B Drug Cost

Medical includes Behavioral Health and Speciality Services


 Dameon Jackson, Board President

10/1/2024

Date