

Southeast Community Health Systems 2018 Sliding Fee Scale

Family Size	35% of charges		50% of charges		65% of Charges		80% of Charges		100% of Charges	
	<=100%		101-138%		139-164%		165-200%		>200%	
	Slide A		Slide B		Slide C		Slide D		Slide E	
1	\$ -	\$ 12,140.00	\$ 12,140.01	\$ 16,753.20	\$ 16,753.21	\$ 19,909.60	\$ 19,909.61	\$ 24,280.00	\$ 24,280.01	\$ 999,999.00
2	\$ -	\$ 16,460.00	\$ 16,460.01	\$ 22,714.80	\$ 22,714.81	\$ 26,994.40	\$ 26,994.41	\$ 32,920.00	\$ 32,920.01	\$ 999,999.00
3	\$ -	\$ 20,780.00	\$ 20,780.01	\$ 28,676.40	\$ 28,676.41	\$ 34,079.20	\$ 34,079.21	\$ 41,560.00	\$ 41,560.01	\$ 999,999.00
4	\$ -	\$ 25,100.00	\$ 25,100.01	\$ 34,638.00	\$ 34,638.01	\$ 41,164.00	\$ 41,164.01	\$ 50,200.00	\$ 50,200.01	\$ 999,999.00
5	\$ -	\$ 29,420.00	\$ 29,420.01	\$ 40,599.60	\$ 40,599.61	\$ 48,248.80	\$ 48,248.81	\$ 58,840.00	\$ 58,840.01	\$ 999,999.00
6	\$ -	\$ 33,740.00	\$ 33,740.01	\$ 46,561.20	\$ 46,561.21	\$ 55,333.60	\$ 55,333.61	\$ 67,480.00	\$ 67,480.01	\$ 999,999.00
7	\$ -	\$ 38,060.00	\$ 38,060.01	\$ 52,522.80	\$ 52,522.81	\$ 62,418.40	\$ 62,418.41	\$ 76,120.00	\$ 76,120.01	\$ 999,999.00
8	\$ -	\$ 42,380.00	\$ 42,380.01	\$ 58,484.40	\$ 58,484.41	\$ 69,503.20	\$ 69,503.21	\$ 84,760.00	\$ 84,760.01	\$ 999,999.00
9	\$ -	\$ 46,700.00	\$ 46,700.01	\$ 64,446.00	\$ 64,446.01	\$ 76,588.00	\$ 76,588.01	\$ 93,400.00	\$ 93,400.01	\$ 999,999.00
10	\$ -	\$ 51,020.00	\$ 51,020.01	\$ 70,407.60	\$ 70,407.61	\$ 83,672.80	\$ 83,672.81	\$ 102,040.00	\$ 102,040.01	\$ 999,999.00
11	\$ -	\$ 55,340.00	\$ 55,340.01	\$ 76,369.20	\$ 76,369.21	\$ 90,757.60	\$ 90,757.61	\$ 110,680.00	\$ 110,680.01	\$ 999,999.00
12	\$ -	\$ 59,660.00	\$ 59,660.01	\$ 82,330.80	\$ 82,330.81	\$ 97,842.40	\$ 97,842.41	\$ 119,320.00	\$ 119,320.01	\$ 999,999.00
13	\$ -	\$ 63,980.00	\$ 63,980.01	\$ 88,292.40	\$ 88,292.41	\$ 104,927.20	\$ 104,927.21	\$ 127,960.00	\$ 127,960.01	\$ 999,999.00
14	\$ -	\$ 68,300.00	\$ 68,300.01	\$ 94,254.00	\$ 94,254.01	\$ 112,012.00	\$ 112,012.01	\$ 136,600.00	\$ 136,600.01	\$ 999,999.00
15	\$ -	\$ 72,620.00	\$ 72,620.01	\$ 100,215.60	\$ 100,215.61	\$ 119,096.80	\$ 119,096.81	\$ 145,240.00	\$ 145,240.01	\$ 999,999.00

Patient Responsibility

Visit Type	Slide Scale A	Slide Scale B	Slide Scale C	Slide Scale D	Slide Scale E
Medical New	\$30.00	\$55.00	\$70.00	\$85.00	100% of Office Visit Fee
Established	\$25.00	\$50.00	\$65.00	\$80.00	100% of Office Visit Fee
Labs and Procedures	Included in nominal fee	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

Nominal Fee	Medical New	\$30.00	Dental	\$40.00
	Medical-Established	\$25.00		

Michael Martin, Board President

Date