

Southeast Community Health Systems 2019 Sliding Fee Scale

Family Size	N/A		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	\$ -	\$ 12,490.00	\$ 12,490.01	\$ 17,236.20	\$ 17,236.21	\$ 20,483.60	\$ 20,483.61	\$ 24,980.00	\$ 24,980.01	\$ 999,999.00
2	\$ -	\$ 16,910.00	\$ 16,910.01	\$ 23,335.80	\$ 23,335.81	\$ 27,732.40	\$ 27,732.41	\$ 33,820.00	\$ 33,820.01	\$ 999,999.00
3	\$ -	\$ 21,330.00	\$ 21,330.01	\$ 29,435.40	\$ 29,435.41	\$ 34,981.20	\$ 34,981.21	\$ 42,660.00	\$ 42,660.01	\$ 999,999.00
4	\$ -	\$ 25,750.00	\$ 25,750.01	\$ 35,535.00	\$ 35,535.01	\$ 42,230.00	\$ 42,230.01	\$ 51,500.00	\$ 51,500.01	\$ 999,999.00
5	\$ -	\$ 30,170.00	\$ 30,170.01	\$ 41,634.60	\$ 41,634.61	\$ 49,478.80	\$ 49,478.81	\$ 60,340.00	\$ 60,340.01	\$ 999,999.00
6	\$ -	\$ 34,590.00	\$ 34,590.01	\$ 47,734.20	\$ 47,734.21	\$ 56,727.60	\$ 56,727.61	\$ 69,180.00	\$ 69,180.01	\$ 999,999.00
7	\$ -	\$ 39,010.00	\$ 39,010.01	\$ 53,833.80	\$ 53,833.81	\$ 63,976.40	\$ 63,976.41	\$ 78,020.00	\$ 78,020.01	\$ 999,999.00
8	\$ -	\$ 43,430.00	\$ 43,430.01	\$ 59,933.40	\$ 59,933.41	\$ 71,225.20	\$ 71,225.21	\$ 86,860.00	\$ 86,860.01	\$ 999,999.00
9	\$ -	\$ 47,850.00	\$ 47,850.01	\$ 66,033.00	\$ 66,033.01	\$ 78,474.00	\$ 78,474.01	\$ 95,700.00	\$ 95,700.01	\$ 999,999.00
10	\$ -	\$ 52,270.00	\$ 52,270.01	\$ 72,132.60	\$ 72,132.61	\$ 85,722.80	\$ 85,722.81	\$ 104,540.00	\$ 104,540.01	\$ 999,999.00
11	\$ -	\$ 56,690.00	\$ 56,690.01	\$ 78,232.20	\$ 78,232.21	\$ 92,971.60	\$ 92,971.61	\$ 113,380.00	\$ 113,380.01	\$ 999,999.00
12	\$ -	\$ 61,110.00	\$ 61,110.01	\$ 84,331.80	\$ 84,331.81	\$ 100,220.40	\$ 100,220.41	\$ 122,220.00	\$ 122,220.01	\$ 999,999.00
13	\$ -	\$ 65,530.00	\$ 65,530.01	\$ 90,431.40	\$ 90,431.41	\$ 107,469.20	\$ 107,469.21	\$ 131,060.00	\$ 131,060.01	\$ 999,999.00
14	\$ -	\$ 69,950.00	\$ 69,950.01	\$ 96,531.00	\$ 96,531.01	\$ 114,718.00	\$ 114,718.01	\$ 139,900.00	\$ 139,900.01	\$ 999,999.00
15	\$ -	\$ 74,370.00	\$ 74,370.01	\$ 102,630.60	\$ 102,630.61	\$ 121,966.80	\$ 121,966.81	\$ 148,740.00	\$ 148,740.01	\$ 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 Office Visit Fee
Established	\$25.00				
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
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	

Medical includes Behavioral Health and Speciality Services

Dameon Jackson, Board President

Date