


Southeast Community Health Systems 2021 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	Slide F	Slide G	Slide H	Slide I	Slide J
1	\$ -	\$ 12,880.00	\$ 17,774.41	\$ 21,123.20	\$ 25,760.00	\$ 30,396.80	\$ 35,033.60	\$ 39,670.40	\$ 44,307.20	\$ 48,944.00
2	\$ -	\$ 17,420.00	\$ 24,039.61	\$ 28,568.80	\$ 33,098.00	\$ 37,627.20	\$ 42,156.40	\$ 46,684.80	\$ 51,213.20	\$ 55,742.00
3	\$ -	\$ 21,960.00	\$ 30,304.81	\$ 36,014.40	\$ 41,723.20	\$ 47,142.00	\$ 52,560.80	\$ 57,979.20	\$ 63,397.60	\$ 68,816.00
4	\$ -	\$ 26,500.00	\$ 36,570.01	\$ 43,460.00	\$ 50,350.00	\$ 57,140.00	\$ 63,930.00	\$ 70,720.00	\$ 77,510.00	\$ 84,300.00
5	\$ -	\$ 31,040.00	\$ 42,835.21	\$ 50,905.60	\$ 58,976.00	\$ 67,056.40	\$ 75,136.80	\$ 83,217.20	\$ 91,297.60	\$ 99,378.00
6	\$ -	\$ 35,580.00	\$ 49,100.41	\$ 58,351.20	\$ 67,602.00	\$ 76,852.80	\$ 86,103.60	\$ 95,354.40	\$ 104,605.20	\$ 113,856.00
7	\$ -	\$ 40,120.00	\$ 55,365.61	\$ 65,796.80	\$ 76,328.00	\$ 87,289.20	\$ 98,250.40	\$ 109,211.60	\$ 120,172.80	\$ 131,134.00
8	\$ -	\$ 44,660.00	\$ 61,630.81	\$ 73,242.40	\$ 85,454.00	\$ 97,266.40	\$ 109,078.80	\$ 120,891.20	\$ 132,703.60	\$ 144,516.00
9	\$ -	\$ 49,200.00	\$ 67,896.01	\$ 80,688.00	\$ 93,480.00	\$ 106,272.00	\$ 119,064.00	\$ 131,856.00	\$ 144,648.00	\$ 157,440.00
10	\$ -	\$ 53,740.00	\$ 74,161.21	\$ 88,133.60	\$ 102,106.00	\$ 116,078.40	\$ 130,050.80	\$ 144,023.20	\$ 157,995.60	\$ 171,968.00
11	\$ -	\$ 58,280.00	\$ 80,426.41	\$ 95,579.20	\$ 110,732.00	\$ 126,037.60	\$ 141,343.20	\$ 156,648.80	\$ 172,354.40	\$ 187,660.00
12	\$ -	\$ 62,820.00	\$ 86,691.61	\$ 103,024.80	\$ 119,350.40	\$ 135,676.00	\$ 152,001.60	\$ 168,327.20	\$ 184,652.80	\$ 200,978.40
13	\$ -	\$ 67,360.00	\$ 92,956.81	\$ 110,470.40	\$ 127,827.20	\$ 145,152.80	\$ 162,478.40	\$ 179,124.00	\$ 195,779.60	\$ 212,504.00
14	\$ -	\$ 71,900.00	\$ 99,222.01	\$ 117,916.00	\$ 136,812.00	\$ 155,708.00	\$ 174,604.00	\$ 193,490.00	\$ 212,376.00	\$ 231,262.00
15	\$ -	\$ 76,440.00	\$ 105,487.21	\$ 125,361.60	\$ 145,256.00	\$ 165,142.00	\$ 185,028.00	\$ 204,914.00	\$ 224,780.00	\$ 244,646.00

Patient Responsibility Based on Type of Visit			
Visit Type	Slide Scale A*	Slide Scale B**	Slide Scale C**
Medical New	\$30.00		
Established	\$25.00	50% of Charges	65% of Charges
Labs and Procedures	Included in nominal fee	50% of Charges	65% of Charges
Dental	\$40.00	50% of Charges	65% of Charges
Note:	*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
Nominal Fee			
Medical includes Behavioral Health and Speciality Services			
			**** No Patient will be denied services based upon the inability to Pay ****


Dameon Jackson, Board President

2/2/2021

Date