

DELTA HEALTH CENTER, INC.
MEDICAL, MENTAL HEALTH, SUBSTANCE USE DISORDER & PHYSICIAN HOSPITAL GENERAL SERVICES SLIDING FEE SCALE
 (based on 2021 HHS Poverty Guidelines)

NOTE: MEDICAL, MENTAL HEALTH, SUBSTANCE USE DISORDER & PHYSICIAN HOSPITAL GENERAL SERVICES PATIENTS AT OR BELOW 100% OF FPG PAY NOMINAL FEE OF \$25 & PATIENTS ABOVE 100% TO 200% OF FPG PAY THE GREATER OF COPAY OR % OF CHARGES. (DUE TO ACCESS ISSUES, WHEN A PATIENT RECEIVE A MEDICAL VISIT & MENTAL HEALTH VISIT ON SAME DAY, ONLY ONE NOMINAL FEE WILL BE REQUIRED TO PREVENT HARDSHIP FOR PATIENTS AT OR BELOW 200% OF POVERTY LEVEL) PATIENTS ABOVE

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

Source Document:

[NOTE: Federal Register Notice, February 1, 2021](#)

Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

- a) Patient pays \$25.00 NOMINAL FEE (only one time per visit)
- b) Patient pays greater of COPAY \$26.00 or 15% of charges
- c) Patient pays greater of COPAY \$27.00 or 20% of charges
- d) Patient pays greater of COPAY \$28.00 or 25% of charges
- e) Patient pays 100% of charges

**DELTA HEALTH CENTER, INC.
PREVENTATIVE DENTAL SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)**

NOTE: PREVENTATIVE DENTAL PATIENTS AT OR BELOW FPG PAY NOMINAL FEE OF \$25 AND PATIENTS ABOVE 100% TO 200% OF FPG PAY THE GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

Source Document:

[NOTE: Federal Register Notice, February 1, 2021](#)

Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

- a) Patient pays \$25.00 NOMINAL FEE (only one time per visit)
- b) Patient pays greater of COPAY \$26.00 or 10% of charges
- c) Patient pays greater of COPAY \$27.00 or 15% of charges
- d) Patient pays greater of COPAY \$28.00 or 20% of charges
- e) Patient pays 100% of charges

DELTA HEALTH CENTER, INC.
LAB SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)

NOTE: LAB PATIENTS AT OR BELOW 100% OF FPG PAY NOMINAL FEE OF \$12 PER LAB TEST AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY PER LAB TEST OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee + 0%		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

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[NOTE: Federal Register Notice, February 1, 2021](#)

Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

- a) Patient pays \$12 NOMINAL FEE per lab test
- b) Patient pays greater of COPAY \$13 per lab test or 15% of charges
- c) Patient pays greater of COPAY \$14 per lab test or 20% of charges
- d) Patient pays greater of COPAY \$15 per lab test or 25% of charges
- e) Patient pays 100% of charges

**DELTA HEALTH CENTER, INC.
X-RAY SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)**

NOTE: X-RAY PATIENTS AT OR BELOW 100% OF FPG PAY NOMINAL FEE OF \$45 PER XRAY AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee + 0%		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

Source Document:

[NOTE: Federal Register Notice, February 1, 2021](#)

Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

- a) Patient pays \$45 NOMINAL FEE per x-ray
- b) Patient pays greater of COPAY \$46 per x-ray or 15% of charges
- c) Patient pays greater of COPAY \$47 per x-ray or 20% of charges
- d) Patient pays greater of COPAY \$48 per x-ray or 25% of charges
- e) Patient pays 100% of charges

DELTA HEALTH CENTER, INC.
ADDITIONAL DENTAL SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)

NOTE: ADDITIONAL DENTAL PATIENTS AT OR BELOW FPG PAY NOMINAL FEE OF \$40 AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

Source Document:

[NOTE: Federal Register Notice, February 1, 2021](#)

Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:
 - a) Patient pays \$40.00 NOMINAL FEE + Acquisition Cost of Lab Supplies (only one time per visit)
 - b) Patient pays greater of COPAY \$40.00 or Acquisition Cost of Lab Supplies or 10% of charges
 - c) Patient pays greater of COPAY \$40.00 or Acquisition Cost of Lab Supplies or 15% of charges
 - d) Patient pays greater of COPAY \$40.00 or Acquisition Cost of Lab Supplies or 20% of charges
 - e) Patient pays Acquisition Cost of Lab Supplies + 100% of charges
4. WE WILL INFORM PATIENTS OF SUCH CHARGES ("OUT-OF-POCKET COSTS") FOR ACQUISITION COST PRIOR TO THE TIME OF SERVICE.

DELTA HEALTH CENTER, INC.
PROCEDURES IN CLINIC SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)

NOTE: PROCEDURE PATIENTS AT OR BELOW 100% FPG PAY NOMINAL FEE OF \$50 PER VISIT AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % OF CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

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Note:

1. Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

- a) Patient pays \$50.00 NOMINAL FEE (only one time per visit)
- b) Patient pays greater of COPAY \$51.00 or 10% of charges
- c) Patient pays greater of COPAY \$52.00 or 15% of charges
- d) Patient pays greater of COPAY \$53.00 or 20% of charges
- e) Patient pays 100% of charges

DELTA HEALTH CENTER, INC.
PHYSICIAN HOSPITAL DELIVERY & PHYSICIAN SURGERY SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)

NOTE: PHYSICIAN HOSPITAL DELIVERY & PHYSICIAN SURGERY PATIENTS AT OR BELOW 100% FPG PAY NOMINAL FEE OF \$50 PER VISIT AND PATIENTS ABOVE 100% TO 200% OF FPG PAY GREATER OF COPAY OR % of CHARGES. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee		Patient Pay Copay + 15%		Patient Pay Copay + 20%		Patient Pay Copay + 25%		Patient Pay 100%
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

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Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

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2. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
3. For example, based on the sliding fee category, the patient will pay as follows:

- a) Patient pays \$50.00 NOMINAL FEE
- b) Patient pays greater of COPAY \$51.00 or 15% of charges
- c) Patient pays greater of COPAY \$52.00 or 20% of charges
- d) Patient pays greater of COPAY \$53.00 or 25% of charges
- e) Patient pays 100% of charges

**DELTA HEALTH CENTER, INC.
PHARMACY SLIDING FEE SCALE
(based on 2021 HHS Poverty Guidelines)**

NOTE: PHARMACY PATIENTS AT OR BELOW 100% FPG PAY FOR EACH PRESCRIPTION, A NOMINAL FEE AS PER SCHEDULE BASED ON FPG + 100% of ACQUISITION COST AND PATIENTS OVER 100% TO 200% FPG PAY A COPAY PER SCHEDULE BASED ON FPG + 100% of ACQUISITION COST. PATIENTS ABOVE 200% OF FPG PAY 100% OF CHARGES & RECEIVE NO SLIDING FEE DISCOUNT.

effective date: March 1, 2021

Family Size	A		B		C		D		E
	Patient Pay Nominal Fee \$5.50 + Acquisition cost		Patient Pay Copay \$5.60 + Acquisition cost		Patient Pay Copay \$5.70 + Acquisition cost		Patient Pay Copay \$5.80 + Acquisition cost		Patient Pay Copay \$5.90 + Acquisition Cost
	100% Poverty		100.01 - 138% Poverty		138.01 - 175% Poverty		175.01 - 200% of Poverty		Above 200% Poverty
	From	To	From	To	From	To	From	To	From
1	\$0	\$12,880	\$12,881	\$17,774	\$17,775	\$22,540	\$22,541	\$25,760	\$25,761
2	\$0	\$17,420	\$17,421	\$24,040	\$24,041	\$30,485	\$30,486	\$34,840	\$34,841
3	\$0	\$21,960	\$21,961	\$30,305	\$30,306	\$38,430	\$38,431	\$43,920	\$43,921
4	\$0	\$26,500	\$26,501	\$36,570	\$36,571	\$46,375	\$46,376	\$53,000	\$53,001
5	\$0	\$31,040	\$31,041	\$42,835	\$42,836	\$54,320	\$54,321	\$62,080	\$62,081
6	\$0	\$35,580	\$35,581	\$49,100	\$49,101	\$62,265	\$62,266	\$71,160	\$71,161
7	\$0	\$40,120	\$40,121	\$55,366	\$55,367	\$70,210	\$70,211	\$80,240	\$80,241
8	\$0	\$44,660	\$44,661	\$61,631	\$61,632	\$78,155	\$78,156	\$89,320	\$89,321
9	\$0	\$49,200	\$49,201	\$67,896	\$67,897	\$86,100	\$86,101	\$98,400	\$98,401
10	\$0	\$53,740	\$53,741	\$74,161	\$74,162	\$94,045	\$94,046	\$107,480	\$107,481
11	\$0	\$58,280	\$58,281	\$80,426	\$80,427	\$101,990	\$101,991	\$116,560	\$116,561
12	\$0	\$62,820	\$62,821	\$86,692	\$86,693	\$109,935	\$109,936	\$125,640	\$125,641

Source Document:

[NOTE: Federal Register Notice, February 1, 2021](#)

Department of Health and Human Services: Annual Update of the HHS Poverty Guidelines

Note:

- Delta Health Center, Inc. has a nominal fee for patients in Category A who have qualified for the sliding fee discount.
- Nominal charges are not "minimum fees," "minimum charges," or "co-pays." Health Center Program Compliance Manual, August 20, 2018 edition
- For example, based on the sliding fee category, the patient will pay as follows:

- Category A Patient pays NOMINAL FEE \$5.50 per prescription + Acquisition Cost
- Category B Patient pays COPAY \$5.60 per prescription + Acquisition Cost
- Category C Patient pays COPAY \$5.70 per prescription + Acquisition Cost
- Category D Patient pays COPAY \$5.80 per prescription + Acquisition Cost
- Category E Patient pays 100% charge of \$5.90 per prescription + Acquisition Cost

4. WE WILL INFORM PATIENTS OF SUCH CHARGES ("OUT-OF-POCKET COSTS") FOR ACQUISITION COST PRIOR TO THE TIME OF SERVICE.