

**CLAY-BATTELLE HEALTH SERVICES ASSOCIATION**  
**SLIDING FEE SCALE OF DISCOUNTS**  
**MEDICAL 2011**

FAMILY SIZE	<b>TOTAL YEARLY HOUSEHOLD INCOME</b>				
1	Greater than \$ 21,781	\$ 16,336 TO \$ 21,780	\$ 14,521 TO \$ 16,335	\$ 10,891 TO \$ 14,520	0 TO \$ 10,890
2	Greater than \$ 29,421	\$ 22,066 TO \$ 29,420	\$ 19,615 TO \$ 22,065	\$ 14,711 TO \$ 19,613	0 TO \$ 14,710
3	Greater than \$ 37,061	\$ 27,796 TO \$ 37,060	\$ 24,708 TO \$ 27,795	\$ 18,531 TO \$ 24,707	0 TO \$ 18,530
4	Greater than \$ 44,701	\$ 33,526 TO \$ 44,700	\$ 29,801 TO \$ 33,525	\$ 22,351 TO \$ 29,800	0 TO \$ 22,350
5	Greater than \$ 52,341	\$ 39,256 TO \$ 52,340	\$ 34,895 TO \$ 39,255	\$ 26,171 TO \$ 34,893	0 TO \$ 26,170
6	Greater than \$ 59,981	\$ 44,986 TO \$ 59,980	\$ 39,988 TO \$ 44,985	\$ 29,991 TO \$ 39,987	0 TO \$ 29,990
7	Greater than \$ 67,621	\$ 50,716 TO \$ 67,620	\$ 45,081 TO \$ 50,715	\$ 33,811 TO \$ 45,080	0 TO \$ 33,810
8	Greater than \$ 75,261	\$ 56,446 TO \$ 75,260	\$ 50,175 TO \$ 56,445	\$ 37,631 TO \$ 50,173	0 TO \$ 37,630
<b>CATEGORY:</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

**LEGEND:**  
**BLUE COLUMN** = Greater than 200% Poverty Level  
**PINK COLUMN** = Between 150% and 200% Poverty Level  
**GREEN COLUMN** = Between 133% and 150% Poverty Level  
**ORANGE COLUMN** = Between 100% and 133% Poverty Level  
**PURPLE COLUMN** = Between 0% and 100% Poverty Level

**CATEGORY A:** Patient pays 100% of the total charge including medications and vaccines (unless the patient is VFC eligible).

**CATEGORY B:** Patient pays \$40.00, except medications, vaccines and referral laboratory services, and x-ray services. These are provided at-cost. There is no charge for vaccines if the patient is VFC eligible.

**CATEGORY C:** Patient pays \$20.00 except medications, vaccines and referral laboratory services, and x-ray services. These are provided at-cost. There is no charge for vaccines if the patient is VFC eligible.

**CATEGORY D:** Patient pays \$10.00, except medications, vaccines and referral laboratory services, and x-ray services. These are provided at-cost. There is no charge for vaccines if the patient is VFC eligible.

**CATEGORY E:** Patient pays \$3.00, which includes office visit, in-house and referral laboratory services. ALL medications, including vaccines, and x-ray services are provided at-cost. There is no charge for vaccines if the patient is VFC eligible.

**Any exceptions to these guidelines will be made by the Executive Director on a case by case basis.**