

2023 GOOD SHEPHERD SLIDING FEE SCHEDULE / POVERTY GUIDELINES

Federal Register
Effective: 1/17/2023

	NOMINAL - A	B	C	D	E	FULL PRICE
# In Family	<=100%	101-125%	126-150%	151-175%	176-200%	>200%
1	\$0	14,581	18,226	21,871	25,516	\$29,161.00
	\$14,580	18,225	21,870	25,515	29,160	
2	\$0	19,721	24,651	29,581	34,511	\$39,441.00
	\$19,720	24,650	29,580	34,510	39,440	
3	\$0	24,861	31,076	37,291	43,506	\$49,721.00
	\$24,860	31,075	37,290	43,505	49,720	
4	\$0	30,001	37,501	45,001	52,501	\$60,001.00
	\$30,000	37,500	45,000	52,500	60,000	
5	\$0	35,141	43,926	52,711	61,496	\$70,281.00
	\$35,140	43,925	52,710	61,495	70,280	
6	\$0	40,281	50,351	60,421	70,491	\$80,561.00
	\$40,280	50,350	60,420	70,490	80,560	
7	\$0	45,421	56,776	68,131	79,486	\$90,841.00
	\$45,420	56,775	68,130	79,485	90,840	
8	\$0	50,561	63,201	75,841	88,481	\$101,121.00
	\$50,560	63,200	75,840	88,480	101,120	

For each additional family member in the nominal charge category over 8, add \$5,140.

REMEMBER - All family income is to be included. Income is the AMOUNT EARNED BEFORE TAXES ARE DEDUCTED.

To determine the amount the patient is responsible for:

Match the number reported living at home with the "number in family" category above.

Move across the scale until the yearly income corresponds with the income category.

FEE SCHEDULE FOR MEDICAL and BEHAVIORAL HEALTH SERVICES

	NOMINAL - A	B	C	D	E	FULL PRICE
Amount Patient Pays	\$25	80% Discount	70% Discount	60% Discount	50% Discount	Full Price

FEE SCHEDULE FOR DENTAL SERVICES

	NOMINAL - A	B	C	D	E	FULL PRICE
Amount Patient Pays	\$25	60% Discount	50% Discount	40% Discount	30% Discount	Full Price

FEE SCHEDULE FOR PHARMACY DISPENSING FEES

	NOMINAL - A	B	C	D	E	FULL PRICE
Amount Patient Pays	\$1	\$2	\$4	\$6	\$8	\$10