

**St. Thomas Community Health Center**

You may be eligible for a discount based on your income. If you have any questions about how to qualify for the sliding fee scale, please ask the front desk.

2018 Behavioral Health Sliding Scale													
Persons in Household	New Patient Pays: \$20		New Patient Pays: \$25		New Patient Pays: \$30		New Patient Pays: \$35		New Patient Pays: \$40		New Patient Pays: full charge		
	Established Patient Pays: \$20		Established Patient Pays: \$30		Established Patient Pays: \$45		Established Patient Pays: \$60		Established Patient Pays: \$80		Established Pays: full charge		
	Level A		Level B		Level C		Level D		Level E		Level F		
	100% of Federal Poverty Level		From	To	From	To	From	To	From	To	From	To	200% of Federal Poverty Level
1	< or = \$	12,140	\$ 12,141	\$ 15,175	\$ 15,176	\$ 18,210	\$ 18,211	\$ 21,245	\$ 21,246	\$ 24,279	> \$	24,280	
2	< or = \$	16,460	\$ 16,461	\$ 20,575	\$ 20,576	\$ 24,690	\$ 24,691	\$ 28,805	\$ 28,806	\$ 32,919	> \$	32,920	
3	< or = \$	20,780	\$ 20,781	\$ 25,975	\$ 25,976	\$ 31,170	\$ 31,171	\$ 36,365	\$ 36,366	\$ 41,559	> \$	41,560	
4	< or = \$	25,100	\$ 25,101	\$ 31,375	\$ 31,376	\$ 37,650	\$ 37,651	\$ 43,925	\$ 43,926	\$ 50,199	> \$	50,200	
5	< or = \$	29,420	\$ 29,421	\$ 36,775	\$ 36,776	\$ 44,130	\$ 44,131	\$ 51,485	\$ 51,486	\$ 58,839	> \$	58,840	
6	< or = \$	33,740	\$ 33,741	\$ 42,175	\$ 42,176	\$ 50,610	\$ 50,611	\$ 59,045	\$ 59,046	\$ 67,479	> \$	67,480	
7	< or = \$	38,060	\$ 38,061	\$ 47,575	\$ 47,576	\$ 57,090	\$ 57,091	\$ 66,605	\$ 66,606	\$ 76,118	> \$	76,119	
8	< or = \$	42,380	\$ 42,381	\$ 52,975	\$ 52,976	\$ 63,570	\$ 63,571	\$ 74,165	\$ 74,166	\$ 84,759	> \$	84,760	

For families/households with more than 8 persons, add \$4,160 for each additional person

Usted podría recibir un descuento en base a sus ingresos mensuales. Si tiene alguna pregunta acerca de como calificar para recibir el descuento, pregunte en recepción.

2018 Niveles de Costos por Servicios de Salud Mental													
Numero de Personas en el Hogar	Nuevo Paciente Paga: \$20		Nuevo Paciente Paga: \$25		Nuevo Paciente Paga: \$30		Nuevo Paciente Paga: \$35		Nuevo Paciente Paga: \$40		Nuevo Paciente Paga: Cargo Completo		
	Paciente Establecido Paga: \$20		Paciente Establecido Paga: \$30		Paciente Establecido Paga: \$45		Paciente Establecido Paga: \$60		Paciente Establecido Paga: \$80		Paciente Establecido Paga: Cargo Completo		
	Nivel A		Nivel B		Nivel C		Nivel D		Nivel E		Nivel F		
	100% del Nivel Federal de Pobreza		De	Al	De	Al	De	Al	De	Al	De	Al	200% del Nivel Federal de Pobreza
1	< o = \$	12,140	\$ 12,141	\$ 15,175	\$ 15,176	\$ 18,210	\$ 18,211	\$ 21,245	\$ 21,246	\$ 24,279	> \$	24,280	
2	< o = \$	16,460	\$ 16,461	\$ 20,575	\$ 20,576	\$ 24,690	\$ 24,691	\$ 28,805	\$ 28,806	\$ 32,919	> \$	32,920	
3	< o = \$	20,780	\$ 20,781	\$ 25,975	\$ 25,976	\$ 31,170	\$ 31,171	\$ 36,365	\$ 36,366	\$ 41,559	> \$	41,560	
4	< o = \$	25,100	\$ 25,101	\$ 31,375	\$ 31,376	\$ 37,650	\$ 37,651	\$ 43,925	\$ 43,926	\$ 50,199	> \$	50,200	
5	< o = \$	29,420	\$ 29,421	\$ 36,775	\$ 36,776	\$ 44,130	\$ 44,131	\$ 51,485	\$ 51,486	\$ 58,839	> \$	58,840	
6	< o = \$	33,740	\$ 33,741	\$ 42,175	\$ 42,176	\$ 50,610	\$ 50,611	\$ 59,045	\$ 59,046	\$ 67,479	> \$	67,480	
7	< o = \$	38,060	\$ 38,061	\$ 47,575	\$ 47,576	\$ 57,090	\$ 57,091	\$ 66,605	\$ 66,606	\$ 76,118	> \$	76,119	
8	< o = \$	42,380	\$ 42,381	\$ 52,975	\$ 52,976	\$ 63,570	\$ 63,571	\$ 74,165	\$ 74,166	\$ 84,759	> \$	84,760	

Para los hogares con más de 8 personas, añada \$4,160 por cada persona adicional.