

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 Sliding Scale																
New Patient Pays: \$30		New Patient Pays: \$50			New Patient Pays: \$70			New Patient Pays: \$100			New Patient Pays: \$130		New Patient Pays: Full Charge			
Established Patient Pays: \$30		Established Patient Pays: \$35			Established Patient Pays: \$50			Established Patient Pays: \$70			Established Patient Pays: \$90		Established Patient Pays: Full Charge			
Level A		Level B			Level C			Level D			Level E		Level F			
Persons in Household	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																
Nuevo Paciente Paga: \$30		Nuevo Paciente Paga: \$50			Nuevo Paciente Paga: \$70			Nuevo Paciente Paga: \$100			Nuevo Paciente Paga: \$130		Nuevo Paciente Paga: Cargo Completo			
Paciente Establecido Paga: \$30		Paciente Establecido Paga: \$35			Paciente Establecido Paga: \$50			Paciente Establecido Paga: \$70			Paciente Establecido Paga: \$90		Paciente Establecido Paga: Cargo Completo			
Nivel A		Nivel B			Nivel C			Nivel D			Nivel E		Nivel F			
Numero de Personas en el Hogar	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.