

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.

2020 Behavioral Health Sliding Scale																
Persons in Household	New Patient Pays: \$20		New Patient Pays: \$30		New Patient Pays: \$40		New Patient Pays: \$50		New Patient Pays: \$60		New Patient Pays: full charge					
	Established Patient Pays: \$20		Established Patient Pays: \$30		Established Patient Pays: \$40		Established Patient Pays: \$50		Established Patient Pays: \$60		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	> 200% of Federal Poverty Level					
1	< or = \$	12,760	\$ 12,761	\$	15,950	\$ 15,951	\$	19,140	\$ 19,141	\$	22,330	\$ 22,331	\$	25,520	> \$	25,520
2	< or = \$	17,240	\$ 17,241	\$	21,550	\$ 21,551	\$	25,860	\$ 25,861	\$	30,170	\$ 30,171	\$	34,480	> \$	34,480
3	< or = \$	21,720	\$ 21,721	\$	27,150	\$ 27,151	\$	32,580	\$ 32,581	\$	38,010	\$ 38,011	\$	43,440	> \$	43,440
4	< or = \$	26,200	\$ 26,201	\$	32,750	\$ 32,751	\$	39,300	\$ 39,301	\$	45,850	\$ 45,851	\$	52,400	> \$	52,400
5	< or = \$	30,680	\$ 30,681	\$	38,350	\$ 38,351	\$	46,020	\$ 46,021	\$	53,690	\$ 53,691	\$	61,360	> \$	61,360
6	< or = \$	35,160	\$ 35,161	\$	43,950	\$ 43,951	\$	52,740	\$ 52,741	\$	61,530	\$ 61,531	\$	70,320	> \$	70,320
7	< or = \$	39,640	\$ 39,641	\$	49,550	\$ 49,551	\$	59,460	\$ 59,461	\$	69,370	\$ 69,371	\$	79,280	> \$	79,280
8	< or = \$	44,120	\$ 44,121	\$	55,150	\$ 55,151	\$	66,180	\$ 66,181	\$	77,210	\$ 77,211	\$	88,240	> \$	88,240

For families/households with more than 8 persons, add \$4,480 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.

2020 Niveles de Costos por Servicios de Salud Mental																
Numero de Personas en el Hogar	Nuevo Paciente Paga: \$20		Nuevo Paciente Paga: \$30		Nuevo Paciente Paga: \$40		Nuevo Paciente Paga: \$50		Nuevo Paciente Paga: \$60		Nuevo Paciente Paga: Cargo Completo					
	Paciente Establecido Paga: \$20		Paciente Establecido Paga: \$30		Paciente Establecido Paga: \$40		Paciente Establecido Paga: \$50		Paciente Establecido Paga: \$60		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	> 200% del Nivel Federal de Pobreza					
1	< o = \$	12,760	\$ 12,761	\$	15,950	\$ 15,951	\$	19,140	\$ 19,141	\$	22,330	\$ 22,331	\$	25,520	> \$	25,520
2	< o = \$	17,240	\$ 17,241	\$	21,550	\$ 21,551	\$	25,860	\$ 25,861	\$	30,170	\$ 30,171	\$	34,480	> \$	34,480
3	< o = \$	21,720	\$ 21,721	\$	27,150	\$ 27,151	\$	32,580	\$ 32,581	\$	38,010	\$ 38,011	\$	43,440	> \$	43,440
4	< o = \$	26,200	\$ 26,201	\$	32,750	\$ 32,751	\$	39,300	\$ 39,301	\$	45,850	\$ 45,851	\$	52,400	> \$	52,400
5	< o = \$	30,680	\$ 30,681	\$	38,350	\$ 38,351	\$	46,020	\$ 46,021	\$	53,690	\$ 53,691	\$	61,360	> \$	61,360
6	< o = \$	35,160	\$ 35,161	\$	43,950	\$ 43,951	\$	52,740	\$ 52,741	\$	61,530	\$ 61,531	\$	70,320	> \$	70,320
7	< o = \$	39,640	\$ 39,641	\$	49,550	\$ 49,551	\$	59,460	\$ 59,461	\$	69,370	\$ 69,371	\$	79,280	> \$	79,280
8	< o = \$	44,120	\$ 44,121	\$	55,150	\$ 55,151	\$	66,180	\$ 66,181	\$	77,210	\$ 77,211	\$	88,240	> \$	88,240

Para los hogares con más de 8 personas, añada \$4,480 por cada persona adicional.