

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.

2021 Behavioral Health Sliding Scale

Persons in Household	New Patient Pays: \$20 Established Patient Pays: \$20		New Patient Pays: \$30 Established Patient Pays: \$30		New Patient Pays: \$40 Established Patient Pays: \$40		New Patient Pays: \$50 Established Patient Pays: \$50		New Patient Pays: \$60 Established Patient Pays: \$60		New Patient Pays: full charge 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 = \$	12,880	\$ 12,881	\$ 16,100	\$ 16,101	\$ 19,320	\$ 19,321	\$ 22,540	\$ 22,541	\$ 25,760	> \$	25,760
2	< or = \$	17,420	\$ 17,421	\$ 21,775	\$ 21,776	\$ 26,130	\$ 26,131	\$ 30,485	\$ 30,486	\$ 34,840	> \$	34,840
3	< or = \$	21,960	\$ 21,961	\$ 27,450	\$ 27,451	\$ 32,940	\$ 32,941	\$ 38,430	\$ 38,431	\$ 43,920	> \$	43,920
4	< or = \$	26,500	\$ 26,501	\$ 33,125	\$ 33,126	\$ 39,750	\$ 39,751	\$ 46,375	\$ 46,376	\$ 53,000	> \$	53,000
5	< or = \$	31,040	\$ 31,041	\$ 38,800	\$ 38,801	\$ 46,560	\$ 46,561	\$ 54,320	\$ 54,321	\$ 62,080	> \$	62,080
6	< or = \$	35,580	\$ 35,581	\$ 44,475	\$ 44,476	\$ 53,370	\$ 53,371	\$ 62,265	\$ 62,266	\$ 71,160	> \$	71,160
7	< or = \$	40,120	\$ 40,121	\$ 50,150	\$ 50,151	\$ 60,180	\$ 60,181	\$ 70,210	\$ 70,211	\$ 80,240	> \$	80,240
8	< or = \$	44,660	\$ 44,661	\$ 55,825	\$ 55,826	\$ 66,990	\$ 66,991	\$ 78,155	\$ 78,156	\$ 89,320	> \$	89,320

For families/households with more than 8 persons, add \$4,540 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.

2021 Niveles de Costos por Servicios de Salud Mental

Numero de Personas en el Hogar	Nuevo Paciente Paga: \$20 Paciente Establecido Paga: \$20		Nuevo Paciente Paga: \$30 Paciente Establecido Paga: \$30		Nuevo Paciente Paga: \$40 Paciente Establecido Paga: \$40		Nuevo Paciente Paga: \$50 Paciente Establecido Paga: \$50		Nuevo Paciente Paga: \$60 Paciente Establecido Paga: \$60		Nuevo Paciente Paga: Cargo Completo 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 = \$	12,880	\$ 12,881	\$ 16,100	\$ 16,101	\$ 19,320	\$ 19,321	\$ 22,540	\$ 22,541	\$ 25,760	> \$	25,760
2	< o = \$	17,420	\$ 17,421	\$ 21,775	\$ 21,776	\$ 26,130	\$ 26,131	\$ 30,485	\$ 30,486	\$ 34,840	> \$	34,840
3	< o = \$	21,960	\$ 21,961	\$ 27,450	\$ 27,451	\$ 32,940	\$ 32,941	\$ 38,430	\$ 38,431	\$ 43,920	> \$	43,920
4	< o = \$	26,500	\$ 26,501	\$ 33,125	\$ 33,126	\$ 39,750	\$ 39,751	\$ 46,375	\$ 46,376	\$ 53,000	> \$	53,000
5	< o = \$	31,040	\$ 31,041	\$ 38,800	\$ 38,801	\$ 46,560	\$ 46,561	\$ 54,320	\$ 54,321	\$ 62,080	> \$	62,080
6	< o = \$	35,580	\$ 35,581	\$ 44,475	\$ 44,476	\$ 53,370	\$ 53,371	\$ 62,265	\$ 62,266	\$ 71,160	> \$	71,160
7	< o = \$	40,120	\$ 40,121	\$ 50,150	\$ 50,151	\$ 60,180	\$ 60,181	\$ 70,210	\$ 70,211	\$ 80,240	> \$	80,240
8	< o = \$	44,660	\$ 44,661	\$ 55,825	\$ 55,826	\$ 66,990	\$ 66,991	\$ 78,155	\$ 78,156	\$ 89,320	> \$	89,320

Para los hogares con más de 8 personas, añada \$4,540 por cada persona adicional.