

HILLTOWN COMMUNITY HEALTH CENTER SLIDING FEE SCHEDULE

2019 FEDERAL INCOME POVERTY GUIDELINES

	Coverable by Federal Grant Resources *				
		125%	150%	175%	200%
	100% Slide A	101-125% Slide B	126-150% Slide C	151-175% Slide D	176-200% Slide E
SIZE OF FAMILY UNIT	Maximum Annual Income Level Sliding Fee Discount Program				
1	\$ 12,490	\$ 15,613	\$ 18,735	\$ 21,858	\$ 24,980
2	\$ 16,910	\$ 21,138	\$ 25,365	\$ 29,593	\$ 33,820
3	\$ 21,330	\$ 26,663	\$ 31,995	\$ 37,328	\$ 42,660
4	\$ 25,750	\$ 32,188	\$ 38,625	\$ 45,063	\$ 51,500
5	\$ 30,170	\$ 37,713	\$ 45,255	\$ 52,798	\$ 60,340
6	\$ 34,590	\$ 43,238	\$ 51,885	\$ 60,533	\$ 69,180
7	\$ 39,010	\$ 48,763	\$ 58,515	\$ 68,268	\$ 78,020
8	\$ 43,430	\$ 54,288	\$ 65,145	\$ 76,003	\$ 86,860
For each additional person , add	\$ 4,420	\$ 5,525	\$ 6,630	\$ 7,735	\$ 8,840
Discount Allowed	100%	80%	60%	40%	20%
Charge to Patient	0%	20%	40%	60%	80%

Coverable by State Health Safety Net (HSN)**

	HSN Primary & Secondary	HSN Primary & Secondary Partial
	up to 150%	150.1% to 300%
SIZE OF FAMILY UNIT	Maximum Annual Income Level HSN	
1	\$ 18,735	\$ 37,470
2	\$ 25,365	\$ 50,730
3	\$ 31,995	\$ 63,990
4	\$ 38,625	\$ 77,250
5	\$ 45,255	\$ 90,510
6	\$ 51,885	\$ 103,770
7	\$ 58,515	\$ 117,030
8	\$ 65,145	\$ 130,290
For each additional person , add	\$ 6,630	\$ 13,260

Policy and Procedure:

* "Sliding Fee Scale" (SFS) is used by the federal Section 330 program to allow for discounts to patients with incomes below or at 200% of the Federal Poverty Level(FPL).

** MA Health Safety Net Office (HSN) for discounts to eligible patients with incomes below or at 300% of the FPL. [per 101 CMR 613.00 (formerly 114.6 CMR 13.00) and 101 CMR 614.00 (formerly 114.6 CMR 14.00)]