



### Sliding Fee Scale -2022

BOD approval: 02-27-2022

Poverty Service Class	Nominal	A	B	C	D - No Discount Full Charges	
	<= 100% FPL	>100%-138% FPL	>138%-150% FPL	>150%-200% FPL	>200% FPL	FPL
Persons in family/household						
1	\$ - \$13,590	\$13,591 \$ 18,754	\$ 18,755 \$20,385	\$ 20,386 \$ 27,180	\$ 27,181	+
2	\$ - \$18,310	\$18,311 \$ 25,268	\$ 25,269 \$27,465	\$ 27,466 \$ 36,620	\$ 36,621	+
3	\$ - \$23,030	\$23,031 \$ 31,781	\$ 31,782 \$34,545	\$ 34,546 \$ 46,060	\$ 46,061	+
4	\$ - \$27,750	\$27,751 \$ 38,295	\$ 38,296 \$41,625	\$ 41,626 \$ 55,500	\$ 55,501	+
5	\$ - \$32,470	\$32,471 \$ 44,809	\$ 44,810 \$48,705	\$ 48,706 \$ 64,940	\$ 64,941	+
6	\$ - \$37,190	\$37,191 \$ 51,322	\$ 51,323 \$55,785	\$ 55,786 \$ 74,380	\$ 74,381	+
7	\$ - \$41,910	\$41,911 \$ 57,836	\$ 57,837 \$62,865	\$ 62,866 \$ 83,820	\$ 83,821	+
8 *	\$ - \$46,630	\$46,631 \$ 64,349	\$ 64,350 \$69,945	\$ 69,946 \$ 93,260	\$ 93,261	+
Fee Schedule	Nominal & % Discount				Fee Schedule	
Medical Visit (incl. in-house Lab's, Flu Shot, TD and PPD vaccines, EKG, Child & Adolescent Immunizations)**	\$30	\$50	\$70	\$90	100%	Charges
Medication-Assisted Treatment Visit	\$75	\$95	\$115	\$135	100%	Charges
Behavioral Health and Psychiatric Visits	\$30	\$50	\$70	\$90	100%	Charges
Complementary & Alternative Medicine: Acupuncture & Chiropractic Visit	\$30	\$50	\$70	\$90	100%	Charges
Dental Visit: Preventative & Additional*** & ****	\$40	\$60	\$80	\$100	100%	Charges
	<i>Nominal Fee</i>	<i>% Discount</i>	<i>% Discount</i>	<i>% Discount</i>	<i>Fee Schedule</i>	

\* For families/households with more than 8 persons, add \$4,720 for each additional person.

Based on FPG published Jan 12, 2022

Will be updated with the 2023 FPG as soon as they are available.

If necessary see Minor Consent Service of the policy for services covered by Title 22 Section 51473.2 of State code.

\*\* Includes only the send out Labs on KCS's Lab Send out Inclusion List. Includes sample and other medications provided during visit. Includes the CDC's recommended Child and Adolescent Immunizations age 18 or younger)

\*\*\* Includes x-ray (2 views) performed In-house.

\*\*\*\* Excludes send out dental lab and crowns (Send out dental lab fees closely reflect KCS direct & indirect costs) & excludes any additional x-rays besides the 2 views performed in-house.

Patient will be notified by KCS in advance of any costs not included above in advance and prior to patient receiving the services (e.g., treatment plan, ABN, etc.)

No one is turned away based on ability to pay. Patients who cannot pay in accordance with the sliding fee scale are to be referred to a member of the Management Team who will make arrangements for services