CLINCH RIVER HEALTH SERVICES, INC.

Sliding Fee Schedule Based on Family Size & Annual Income

Efective Date: April 1, 2025

Famly Size	Slding A 100% FPL & Below	Slide B 101-149%FPL	Slide C 150 -174% FPL	Slide D 175 -200% FPL	No Discount > 200% FPL
1	$0-$15,650	$ 15,650.01 - $ 23,318.50	$ 23,318.51 - $ 27,231.00	$ 27,231.01 - $ 31,300.00	$ 31,300.01
2	$0-$21,150	$ 21,150.01 - $ 31,513.50	$ 31,513.51 - $ 36,801.00	$ 36,801.01 - $ 42,300.00	$ 42,300.01
3	$0-$26,650	$ 26,650.01 - $ 39,708.50	$ 39,708.51 - $ 46,371.00	$ 46,371.01 - $ 53,300.00	$ 53,300.01
4	$0-$32,150	$ 32,150.01 - $ 47,903.50	$ 47,903.51 - $ 55,941.00	$ 55,941.01 - $ 64,300.00	$ 64,300.01
5	$0-$37,650	$ 37,650.01 - $ 56,098.50	$ 56,098.51 - $ 65,511.00	$ 65,511.01 - $ 75,300.00	$ 75,300.01
6	$0-$43,150	$ 43,150.01 - $ 64,293.50	$ 64,293.51 - $ 75,081.00	$ 75,081.01 - $ 86,300.00	$ 86,300.01
7	$0-$48,650	$ 48,650.01 - $ 72,488.50	$ 72,488.51 - $ 84,651.00	$ 84,651.01 - $ 97,300.00	$ 97,300.01
8	$0-$54,150	$ 54,150.01 - $ 80,683.50	$ 80,683.51 - $ 94,221.00	$ 94,221.01 - $ 108,300.00	$ 108,300.01
9	$0-$58,100	$ 58,100.01 - $ 86,569.00	$ 86,569.01 - $ 101,094.00	$ 101,094.01 - $ 116,200.00	$ 116,200.01
10	$0-$59,650	$ 59,650.01 - $ 88,878.50	$ 88,878.51 - $ 103,791.00	$ 103,791.01 - $ 119,300.00	$ 119,300.01
11	$0-$65,150	$ 65,150.01 - $ 97,073.50	$ 97,073.51 - $ 113,361.00	$ 113,361.01 - $ 130,300.00	$ 130,300.01
12	$0-$70,650	$ 70,650.01 - $ 105,268.50	$ 105,268.51 - $ 122,931.00	$ 122,931.01 - $ 141,300.00	$ 141,300.01
For Each Additional Person, Add					
	$5,500.00	$ 5,500.01 - $ 8,195.00	$ 8,195.01 - $ 9,570.00	$ 9,570.01 - $ 11,000.00	$ 11,000.01
Co Pay for Medical	**$25 Per Visit**	**$35 Per Visit**	**$45 Per Visit**	**$55 Per Visit**	**Full Charges**
Co Pay for Behavioral	**$5 Per Visit**	**$10 Per Visit**	**$15 Per Visit**	**$20 Per Visit**	**Full Charges**
Co Pay for Dental	**$50 Per Visit**	**$60 Per Visit**	**$70 Per Visit**	**$80 Per Visit**	**Full Charges**