

Mountain Comprehensive Care Center

HomePlace Clinic HCH

		Schedule of Discounts / Sliding Fee Scale			
2022		Maximum Annual Income Amount for Each Sliding Fee Percentage Category			
POVERTY LEVEL	0% AND Up to 149%	150% AND Up to 174%	175% AND Up to 199%	200%	Above 200%
	Patient Pays	Patient Pays	Patient Pays	Patient Pays	Patient Pays
	\$5.00	\$10.00	\$15.00	\$20.00	\$50.00
FAMILY SIZE					
1	\$13,590	\$20,385	\$23,783	\$27,180	
2	\$18,310	\$27,465	\$32,043	\$36,620	
3	\$23,030	\$34,545	\$40,303	\$46,060	
4	\$27,750	\$41,625	\$48,563	\$55,500	
5	\$32,470	\$48,705	\$56,823	\$64,940	
6	\$37,190	\$55,785	\$65,083	\$74,380	
7	\$41,910	\$62,865	\$73,343	\$83,820	
8	\$46,630	\$69,945	\$81,603	\$93,260	