

Regional Health Care Affiliates, Inc.
2023 Sliding Fee Schedule
 (Based on 2023 DHHS Federal Poverty Guidelines)
 Effective April 1st 2023

Class A			
100% or Below of Federal Poverty level			
\$10 Nominal Fee, all inclusive including x-ray			
100% Discount on labs performed by contracted labs			
100% Discount on Dental Services performed by contracted dentist			
Family Size	Annual	Monthly	Weekly
1	\$ 14,580	\$ 1,215.00	\$ 280.38
2	19,720	\$ 1,643.33	\$ 379.23
3	24,860	\$ 2,071.67	\$ 478.08
4	30,000	\$ 2,500.00	\$ 576.92
5	35,140	\$ 2,928.33	\$ 675.77
6	40,280	\$ 3,356.67	\$ 774.62
7	45,420	\$ 3,785.00	\$ 873.46
8	50,560	\$ 4,213.33	\$ 972.31
Each Add'l	\$ 5,140	\$ 428.33	\$ 98.85

Class B			
101% to 150% of Federal Poverty level			
\$15 Office Visit, all inclusive including x-ray			
100% Discount on labs performed by contracted labs			
100% Discount on Dental Services performed by contracted dentist			
Family Size	Annual	Monthly	Weekly
1	\$ 21,870	\$ 1,823	\$ 421
2	\$ 29,580	\$ 2,465	\$ 569
3	\$ 37,290	\$ 3,108	\$ 717
4	\$ 45,000	\$ 3,750	\$ 865
5	\$ 52,710	\$ 4,393	\$ 1,014
6	\$ 60,420	\$ 5,035	\$ 1,162
7	\$ 68,130	\$ 5,678	\$ 1,310
8	\$ 75,840	\$ 6,320	\$ 1,458
Each Add'l	\$ 7,710	\$ 642.50	\$ 148

Class C			
151% to 175% of Federal Poverty level			
\$20 Office Visit, all inclusive including x-ray			
100% Discount on labs performed by contracted labs			
100% Discount on Dental Services performed by contracted dentist			
Family Size	Annual	Monthly	Weekly
1	\$ 25,515	\$ 2,126	\$ 491
2	34,510	2,876	664
3	43,505	3,625	837
4	52,500	4,375	1,010
5	61,495	5,125	1,183
6	70,490	5,874	1,356
7	79,485	6,624	1,529
8	88,480	7,373	1,702
Each Add'l	\$ 8,995	\$ 750	\$ 173

Class D			
176% to 200% of Federal Poverty level			
\$25 Office Visit, all inclusive including x-ray			
100% Discount on labs performed by contracted labs			
100% Discount on Dental Services performed by contracted dentist			
Family Size	Annual	Monthly	Weekly
1	\$ 29,160	\$ 2,430.00	\$ 560.77
2	39,440	3,286.67	758.46
3	49,720	4,143.33	956.15
4	60,000	5,000.00	1,153.85
5	70,280	5,856.67	1,351.54
6	80,560	6,713.33	1,549.23
7	90,840	7,570.00	1,746.92
8	101,120	8,426.67	1,944.62
Each Add'l	\$ 10,280	\$ 856.67	\$ 197.69

Class E			
201% and above of Federal Poverty Level			
No Discount Provided			
Family Size	Annual	Monthly	Weekly
1	\$ 29,161	\$ 2,430.08	\$ 560.79
2	\$ 39,441	3,286.75	758.48
3	\$ 49,721	4,143.42	956.17
4	\$ 60,001	5,000.08	1,153.87
5	\$ 70,281	5,856.75	1,351.56
6	\$ 80,561	6,713.42	1,549.25
7	\$ 90,841	7,570.08	1,746.94
8	\$ 101,121	8,426.75	1,944.63
Each Add'l	\$ 10,280	\$ 856.67	\$ 197.69