

RURAL HEALTH, INC. 2021 Sliding Fee Scale

EFFECTIVE January 15, 2021

DISCOUNT LEVEL BASED ON FAMILY INCOME & SIZE

APPENDIX A

	Level A		Level B1		Level B2		Level B3		Level B4		Level C
FAMILY	<100% OF		<125% OF		<150% OF		<175% OF		<200% OF		>200% OF
SIZE	POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL
	1-100%		101 to 125%		126 to 150%		151 to 175%		176 to 200%		Over 200%
1	0 -	12,880	12,880.01	16,100.00	16,100.01	19,320.00	19,320.01	22,540.00	22,540.01	25,760.00	25,760.01
2	0 -	17,420	17,420.01	21,775.00	21,775.01	26,130.00	26,130.01	30,485.00	30,485.01	34,840.00	34,840.01 and over
3	0 -	21,960	21,960.01	27,450.00	27,450.01	32,940.00	32,940.01	38,430.00	38,430.01	43,920.00	43,920.01 and over
4	0 -	26,500	26,500.01	33,125.00	33,125.01	39,750.00	39,750.01	46,375.00	46,375.01	53,000.00	53,000.01 and over
5	0 -	31,040	31,040.01	38,800.00	38,800.01	46,560.00	46,560.01	54,320.00	54,320.01	62,080.00	62,080.01 and over
6	0 -	35,580	35,580.01	44,475.00	44,475.01	53,370.00	53,370.01	62,265.00	62,265.01	71,160.00	71,160.01 and over
7	0 -	40,120	40,120.01	50,150.00	50,150.01	60,180.00	60,180.01	70,210.00	70,210.01	80,240.00	80,240.01 and over
8	0 -	44,660	44,660.01	55,825.00	55,825.01	66,990.00	66,990.01	78,155.00	78,155.01	89,320.00	89,320.01 and over
For family sizes greater than 8, add to the upper limit, for each additional family member:											
9+	4,540.00		4,540.01 to 5,675.00		5,675.01 to 6,810.00		6,810.01 to 7,945.00		7,945.01 to 9,080.00		9,080.01 and over
Patient is responsible to pay for services in accordance with the attached Appendix A											

2021 Federal Poverty Guidelines

RURAL HEALTH, INC. 8Esala de tarifas de 2021

A prtir del 15 de enero de 2021

NIVEL DE DESCUENTO BASADO EN LOS INGRESOS Y EL TAMAÑO DE LA FAMILIA

APPENDIX A

	Nivel A		Nivel B1		Nivel B2		Nivel B3		Nivel B4		Nivel C
FAMILIA	<100% DE		<125% DE		<150% DE		<175% DE		<200% DE		>200% DE
TAMAÑO	NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA
	1-100%		101 TO 125%		126 TO 150%		151 TO 175%		176 TO 200%		>200% y más
1	0 -	12,880	12,880.01	16,100.00	16,100.01	19,320.00	19,320.01	22,540.00	22,540.01	25,760.00	25,760.01
2	0 -	17,420	17,420.01	21,775.00	21,775.01	26,130.00	26,130.01	30,485.00	30,485.01	34,840.00	34,840.01 y más
3	0 -	21,960	21,960.01	27,450.00	27,450.01	32,940.00	32,940.01	38,430.00	38,430.01	43,920.00	43,920.01 y más
4	0 -	26,500	26,500.01	33,125.00	33,125.01	39,750.00	39,750.01	46,375.00	46,375.01	53,000.00	53,000.01 y más
5	0 -	31,040	31,040.01	38,800.00	38,800.01	46,560.00	46,560.01	54,320.00	54,320.01	62,080.00	62,080.01 y más
6	0 -	35,580	35,580.01	44,475.00	44,475.01	53,370.00	53,370.01	62,265.00	62,265.01	71,160.00	71,160.01 y más
7	0 -	40,120	40,120.01	50,150.00	50,150.01	60,180.00	60,180.01	70,210.00	70,210.01	80,240.00	80,240.01 y más
8	0 -	44,660	44,660.01	55,825.00	55,825.01	66,990.00	66,990.01	78,155.00	78,155.01	89,320.00	89,320.01 y más
Para tamaños de familia mayores de 8, agregue al límite superior, para cada miembro adicional de la familia:											
9+	4,540.00		4,540.01 to 5,675.00		5,675.01 to 6,810.00		6,810.01 to 7,945.00		7,945.01 to 9,080.00		9,080.01 y más
El paciente es responsable de pagar los servicios de acuerdo con el Apéndice A											

2021 Directrices federales sobre la pobreza