

RURAL HEALTH, INC. 2022 Sliding Fee Scale

EFFECTIVE January 12, 2022

DISCOUNT LEVEL BASED ON FAMILY INCOME & SIZE

APPENDIX A

	Level A		Level B1		Level B2		Level B3		Level B4		Level C
FAMILY SIZE	<100% OF POVERTY LEVEL		<125% OF POVERTY LEVEL		<150% OF POVERTY LEVEL		<175% OF POVERTY LEVEL		<200% OF POVERTY LEVEL		>200% OF POVERTY LEVEL
	1-100%		101 to 125%		126 to 150%		151 to 175%		176 to 200%		Over 200%
1	0 -	13,590	13,590.01	16,988.00	16,988.01	20,385.00	20,385.01	23,783.00	23,783.01	27,180.00	27,180.01
2	0 -	18,310	18,310.01	22,888.00	22,888.01	27,465.00	27,465.01	32,043.00	32,043.01	36,620.00	36,620.01 and over
3	0 -	23,030	23,030.01	28,788.00	28,788.01	34,545.00	34,545.01	40,303.00	40,303.01	46,060.00	46,060.01 and over
4	0 -	27,750	27,750.01	34,688.00	34,688.01	41,625.00	41,625.01	48,563.00	48,563.01	55,500.00	55,500.01 and over
5	0 -	32,470	32,470.01	40,588.00	40,588.01	48,705.00	48,705.01	56,823.00	56,823.01	64,940.00	64,940.01 and over
6	0 -	37,190	37,190.01	46,488.00	46,488.01	55,785.00	55,785.01	65,083.00	65,083.01	74,380.00	74,380.01 and over
7	0 -	41,910	41,910.01	52,388.00	52,388.01	62,865.00	62,865.01	73,343.00	73,343.01	83,820.00	83,820.01 and over
8	0 -	46,630	46,630.01	58,288.00	58,288.01	69,945.00	69,945.01	81,603.00	81,603.01	93,260.00	93,260.01 and over
For family sizes greater than 8, add to the upper limit, for each additional family member:											
9+	4,720.00	4,720.01 to 5,900.00		5,900.01 to 7,080.00		7,080.01 to 8,260.00		8,260.01 to 9,440.00		9,440.01 and over	
Patient is responsible to pay for services in accordance with the attached Appendix A											

2022 Federal Poverty Guidelines

RURAL HEALTH, INC. Escala de tarifas 2022

Al 12 de enero de 2022

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

APÉNDICE A

	Nivel A		Nivel B1		Nivel B2		Nivel B3		Nivel B4		Nivel C
FAMILIA TAMAÑO	<100% DE NIVEL DE POBREZA		<125% DE NIVEL DE POBREZA		<150% DE NIVEL DE POBREZA		<175% DE NIVEL DE POBREZA		<200% DE NIVEL DE POBREZA		>200% DE NIVEL DE POBREZA
	1-100%		101 TO 125%		126 TO 150%		151 TO 175%		176 TO 200%		>200% y más
1	0 -	13,590	13,590.01	16,988.00	16,988.01	20,385.00	20,385.01	23,783.00	23,783.01	27,180.00	27,180.01
2	0 -	18,310	18,310.01	22,888.00	22,888.01	27,465.00	27,465.01	32,043.00	32,043.01	36,620.00	36,620.01 y más
3	0 -	23,030	23,030.01	28,788.00	28,788.01	34,545.00	34,545.01	40,303.00	40,303.01	46,060.00	46,060.01 y más
4	0 -	27,750	27,750.01	34,688.00	34,688.01	41,625.00	41,625.01	48,563.00	48,563.01	55,500.00	55,500.01 y más
5	0 -	32,470	32,470.01	40,588.00	40,588.01	48,705.00	48,705.01	56,823.00	56,823.01	64,940.00	64,940.01 y más
6	0 -	37,190	37,190.01	46,488.00	46,488.01	55,785.00	55,785.01	65,083.00	65,083.01	74,380.00	74,380.01 y más
7	0 -	41,910	41,910.01	52,388.00	52,388.01	62,865.00	62,865.01	73,343.00	73,343.01	83,820.00	83,820.01 y más
8	0 -	46,630	46,630.01	58,288.00	58,288.01	69,945.00	69,945.01	81,603.00	81,603.01	93,260.00	93,260.01 y más
Para tamaños de familia mayores de 8, agregue al límite superior, para cada miembro adicional de la familia:											
9+	4,720.00	4,720.01 to 5,900.00		5,900.01 to 7,080.00		7,080.01 to 8,260.00		8,260.01 to 9,440.00		9,440.01 y más	
El paciente es responsable de pagar los servicios de acuerdo con el Apéndice A											

2022 Directrices federales sobre la pobreza