



## Discounted Fee Program

**January 17, 2023 – January 18, 2024**

CHCW's standard fees are discounted based on the current Department of Health and Human Services Federal Poverty Guidelines, as follows.

**Table showing Nominal Fee and Board of Directors approved Sliding Fee Scale Discounts Effective 1/17/2023**

# of Family/Household members	SFSD A		SFSD B		SFSD C		SFSD D		Self-Pay
	0%	100%	101%	133%	134%	166%	167%	200%	Over 200%
1	\$ -	\$14,580	\$14,581	\$ 19,391	\$ 19,392	\$ 24,203	\$ 24,204	\$ 29,160	\$ 29,161
2	\$ -	\$19,720	\$19,721	\$ 26,228	\$ 26,229	\$ 32,735	\$ 32,736	\$ 39,440	\$ 39,441
3	\$ -	\$24,860	\$24,861	\$ 33,064	\$ 33,065	\$ 41,268	\$ 41,269	\$ 49,720	\$ 49,721
4	\$ -	\$30,000	\$30,001	\$ 39,900	\$ 39,901	\$ 49,800	\$ 49,801	\$ 60,000	\$ 60,001
5	\$ -	\$35,140	\$35,141	\$ 46,736	\$ 46,737	\$ 58,332	\$ 58,333	\$ 70,280	\$ 70,281
6	\$ -	\$40,280	\$40,281	\$ 53,572	\$ 53,573	\$ 66,865	\$ 66,866	\$ 80,560	\$ 80,561
7	\$ -	\$45,420	\$45,421	\$ 60,409	\$ 60,410	\$ 75,397	\$ 75,398	\$ 90,840	\$ 90,841
8	\$ -	\$50,560	\$50,561	\$ 67,245	\$ 67,246	\$ 83,930	\$ 83,931	\$ 101,120	\$ 101,121
9	\$ -	\$55,700	\$55,701	\$ 74,081	\$ 74,082	\$ 92,462	\$ 92,463	\$ 111,400	\$ 111,401
10	\$ -	\$60,840	\$60,841	\$ 80,917	\$ 80,918	\$ 100,994	\$ 100,995	\$ 121,680	\$ 121,681
11	\$ -	\$65,980	\$65,981	\$ 87,753	\$ 87,754	\$ 109,527	\$ 109,528	\$ 131,960	\$ 131,961
12	\$ -	\$71,120	\$71,121	\$ 94,590	\$ 94,591	\$ 118,059	\$ 118,060	\$ 142,240	\$ 142,241

**For families/households over 12 persons, add \$5140 for each additional person**

Type of Service	SFSD A	SFSD B	SFSD C	SFSD D	Self-Pay Patients
Medical Services Discount	\$20 Nominal Fee	\$40 Co-payment	\$65 Co-payment	\$85 Co-payment	No Discount
Dental Services Discount	\$45 Nominal Fee	\$85 Co-payment	\$105 Co-payment	\$125 Co-payment	No Discount
Mental Health Discount	\$5 Nominal Fee	\$5 Co-payment	\$5 Co-payment	\$5 Co-payment	No Discount
Pharmacy Discount	\$5 Fee + Cost of Prescription Drug	\$7 Fee + Cost of Prescription Drug	\$8 Fee + Cost of Prescription Drug	\$9 Fee + Cost of Prescription Drug	No Discount

Patients in SFSD categories B, C, and D; will pay the lesser of the charges or the co-payment.

**Pharmacy Services:** Prescription Drugs are provided at cost plus a dispensing fee for all medications to patients who are under 200% of the Federal Poverty Level. Self-Pay patients will pay the full retail amount plus a dispensing fee. Payment in full is required at the time of dispensing. **\*Services excluded from the SFSD** – Prosthetics, dentures, bleaching, cosmetic surgery, and services provided by other providers who are not part of CHCW. Services discounted separately by the provider (not a CHCW provider); Laboratory services, ordered by LabCorp, Comprehensive Mental Health Psychiatric consultations, OB Laborist services, referrals to People for People, Valley Imaging Gyn Ultrasound services and Yakima Valley Radiology professional over read fees for X-Rays performed at CHCW.

**No patient will be denied services due to inability to pay – Please speak to a patient Financial Counselor if you have questions about your account. Financial Counselors can be reached toll free at 833-574-6100; 8:00 AM to 4:00 PM Monday – Friday; except for Holidays.**