

**2022 SLIDING FEE DISCOUNT SCHEDULE
FOR RYAN WHITE ELIGIBLE PATIENTS**

ANNUAL INCOME

Family Size	A		B		C		D		E		F		G
	From	To	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$13,590	\$13,591	\$18,754	\$18,755	\$20,385	\$20,386	\$27,180	\$27,181	\$33,975	\$33,976	\$67,950	\$67,951
2	\$0	\$18,310	\$18,311	\$25,268	\$25,269	\$27,465	\$27,466	\$36,620	\$36,621	\$45,775	\$45,776	\$91,550	\$91,551
3	\$0	\$23,030	\$23,031	\$31,781	\$31,782	\$34,545	\$34,546	\$46,060	\$46,061	\$57,575	\$57,576	\$115,150	\$115,151
4	\$0	\$27,750	\$27,751	\$38,295	\$38,296	\$41,625	\$41,626	\$55,500	\$55,501	\$69,375	\$69,376	\$138,750	\$138,751
5	\$0	\$32,470	\$32,471	\$44,809	\$44,810	\$48,705	\$48,706	\$64,940	\$64,941	\$81,175	\$81,176	\$162,350	\$162,351
6	\$0	\$37,190	\$37,191	\$51,322	\$51,323	\$55,785	\$55,786	\$74,380	\$74,381	\$92,975	\$92,976	\$185,950	\$185,951
7	\$0	\$41,910	\$41,911	\$57,836	\$57,837	\$62,865	\$62,866	\$83,820	\$83,821	\$104,775	\$104,776	\$209,550	\$209,551
8	\$0	\$46,630	\$46,631	\$64,349	\$64,350	\$69,945	\$69,946	\$93,260	\$93,261	\$116,575	\$116,576	\$233,150	\$233,151
9	\$0	\$51,350	\$51,351	\$70,863	\$70,864	\$77,025	\$77,026	\$102,700	\$102,701	\$128,375	\$128,376	\$256,750	\$256,751
10	\$0	\$56,070	\$56,071	\$77,377	\$77,378	\$84,105	\$84,106	\$112,140	\$112,141	\$140,175	\$140,176	\$280,350	\$280,351
Each Additional Person	\$4,720		\$6,514		\$7,080		\$9,440		\$11,800		\$23,600		\$23,600
Percentage of Charges to be Billed to Patient	RW Eligible: No Charge Others: No Charge		RW Eligible: \$1.00 annual charge		RW Eligible: \$1.00 annual charge		RW Eligible: \$1.00 annual charge		RW Eligible: \$2.00 annual charge		RW Eligible: \$3.00 annual charge		Others: 20% Charge
Poverty Level	Below 100% Poverty		101% to 138% Poverty		139% to 150% Poverty		151% to 200% Poverty		201% to 250% Poverty		201% to 500% Poverty		Over 500% Poverty

v Ryan White (RW) Eligible Clients:	RW eligible patients over 100% FPL will be charged a minimum of \$1.00 annually and no patient will be denied service if they are unable to pay.
v Sliding Fee: Patients over 500% of the Poverty Level:	Patients that are over 500% poverty level, will be charged on a sliding scale fee at 20% of the cost of each visit. This will not exceed \$200.00 per month, regardless of how many services the patient receives within each month. Service will not be denied due to inability to pay.
v Covered California Patients:	Patients with Covered California Plans need to pay their visit co-payment. If no co-payment is indicated but they have a deductible amount, they need to pay for the visit cost in accordance with our Sliding Fee Schedule. If a patient has insurance but chooses not to use it, the patient will be billed the full cost for each the visit.
v Other Insurance Patients:	Patients with Commercial PPO need to pay their visit co-payment. If no co-payment is indicated but they have a deductible amount, they need to pay for the visit cost in accordance to our sliding fee schedule. If patient has insurance but chooses not to use it, patient will be billed at full cost for each visit.