

American Indian Health and Family Services of SE MI

2020 Sliding Fee Scale

Family Size Co-Pay	Steps on the Sliding Fee Scale by Annual Income Range (\$)			
	(A) 100% Poverty	(B) 101-150% Poverty	(C) 151-200% Poverty	Above 200%
	Office Visit Fee \$20.00 min	Office Visit Fee \$35.00 min	Office Visit Fee \$50.00 min	Non-Sliding Fee \$69 min – 299 max (Med) \$103 min – 299 max (BH)
	Additional Services 20%	Additional Services 30%	Additional Services 60%	Additional Services 100%
1	\$0-\$12,760	\$12,761-\$19,140	\$19,141-\$25,520	More than \$25,521
2	\$0-\$17,240	\$17,241-\$25,860	\$25,861-\$34,480	More than \$34,481
3	\$0-\$21,720	\$21,721-\$32,580	\$32,581-\$43,400	More than \$43,401
4	\$0-\$26,200	\$26,201-\$39,300	\$39,301-\$52,400	More than \$52,401
5	\$0-\$30,680	\$30,681-\$46,020	\$46,021-\$61,360	More than \$61,361
6	\$0-\$35,160	\$35,161-\$52,740	\$52,741-\$70,320	More than \$70,321
7	\$0-\$39,640	\$39,641-\$59,460	\$59,461-\$79,280	More than \$79,281
8	\$0-\$44,120	\$44,121-\$66,180	\$66,181-\$88,240	More than \$88,241
9	\$0-\$48,600	\$48,601-\$72,900	\$72,901-\$97,200	More than \$97,201
10	\$0-\$53,080	\$53,081-\$79,620	\$79,621-\$106,160	More than \$106,160
Add for each additional family member	\$4,480	\$6,720	\$8,960	

❖ **Office Visit Fee Includes:** Face-to-Face visit with Physician, Nurse Practitioner, or Behavioral Health Provider.

- ❖ **Nurse (only) visits:** No Office Visit Fee charged, only pay for any Additional Services.
- ❖ **Additional services includes:** labs, immunizations, tests, and procedures.
- ❖ **Non-Sliding Fee:** Clients should be advised of office visit fee range, minimum should be collected.
- ❖ **Services Referred Out:** Services which are referred out are not covered with the sliding fee.

EFFECTIVE 08/04/2020