

American Indian Health and Family Services of SE MI

2022 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-\$13,590	\$13,591-\$20,385	\$20,386-\$27,180	More than \$27,181
2	\$0-\$18,310	\$18,311-\$27,465	\$27,466-\$36,620	More than \$36,621
3	\$0-\$23,030	\$23,031-\$34,545	\$34,546-\$46,060	More than \$46,061
4	\$0-\$27,750	\$27,751-\$41,625	\$41,626-\$55,500	More than \$55,501
5	\$0-\$32,470	\$32,471-\$48,705	\$48,706-\$64,940	More than \$64,941
6	\$0-\$37,190	\$37,191-\$55,785	\$55,786-\$74,380	More than \$74,381
7	\$0-\$41,910	\$41,911-\$62,865	\$62,866-\$83,820	More than \$83,821
8	\$0-\$46,630	\$46,631-\$69,945	\$69,946-\$93,260	More than \$93,261
9	\$0-\$51,350	\$51,351-\$77,025	\$77,026-\$102,700	More than \$102,701
10	\$0-\$56,070	\$56,071-\$83,745	\$83,746-\$112,140	More than \$112,141
Add for each additional family member	\$4,720	\$7,080	\$9,440	

❖ **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 01/25/2022