



Health Care Coalition of Lafayette County dba/ Live Well Community Health Centers						
Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Based upon 2021 Federal Poverty Guidelines ( <a href="http://aspe.hhs.gov/poverty">http://aspe.hhs.gov/poverty</a> )						
Poverty Level	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Slide A	Slide B	Slide C	Slide D	Slide E	Full Pay
1	\$0 - \$12,880	\$12,881 - \$16,100	\$16,101 - \$19,320	\$19,321 - \$22,540	\$22,541 - \$25,760	\$25,761+
2	\$0 - \$17,420	\$17,421 - \$21,775	\$21,776 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	\$34,841+
3	\$0 - \$21,960	\$21,961 - \$27,450	\$27,451 - \$32,940	\$32,941 - \$38,430	\$38,431 - \$43,920	\$43,921+
4	\$0 - \$26,500	\$26,501 - \$33,125	\$33,126 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	\$53,001+
5	\$0 - \$31,040	\$31,041 - \$38,800	\$38,801 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	\$62,081+
6	\$0 - \$35,580	\$35,581 - \$44,475	\$44,476 - \$53,370	\$53,371 - \$62,265	\$62,266 - \$71,160	\$71,161+
7	\$0 - \$40,120	\$40,121 - \$50,150	\$50,151 - \$60,180	\$60,181 - \$70,210	\$70,211 - \$80,240	\$80,241+
8	\$0 - \$44,660	\$44,661 - \$55,825	\$55,826 - \$66,990	\$66,991 - \$78,155	\$78,156 - \$89,320	\$89,321+
For each additional person, add	\$4,540	\$4,540	\$4,540	\$4,540	\$4,540	\$4,540
Medical per visit rates	Pay lesser of total charges or Nominal Fee of \$35 per visit	Pay lesser of total charges or \$50 per visit, but not less than Slide A	Pay lesser of total charges or \$75 per visit, but not less than Slide A	Pay lesser of total charges or \$100 per visit, but not less than Slide A	Pay lesser of total charges or \$125 per visit, but not less than Slide A	Pay 100% of Charges per visit
<b>Patients will be responsible for 100% of the discounted lab services and any medical devices or implants</b>						
Dental per visit rates	Pay lesser of total charges or Nominal Fee of \$70 per visit	Pay greater of 20% of Charges per visit or \$75	Pay greater of 40% of Charges per visit or \$75	Pay greater of 60% of Charges per visit or \$75	Pay greater of 80% of Charges per visit or \$75	Pay 100% of Charges per visit
<b>Patients will be responsible for 100% of lab services and dental materials prepared off-site</b>						

**Acceptable Forms of Income Documentation: All Sources of Income Must be Included**

- \*Current copy of Federal Tax Return - Must include all Forms and Schedules
- \*Paystubs for the last 30 days
- \*Social Security Benefit Letter
- \*Disability Benefit Letter
- \*Food Stamp Application/Letter
- \*Pension or Retirement Distribution Statements
- \*Investment Statements
- \*Unemployment Compensation Letter
- \*Office Court Documents (Alimony, Child Support, etc.)
- \*Letter from employer documenting cash income
- \*Any other source of income you may have