

Hidalgo County Health and Human Services
Income Guidelines & Schedule Of Charges - **SLIDING FEE SCHEDULE**
TITLE V & NON TITLE V CLIENTS INCLUDING TUBERCULOSIS CLIENTS

Family Size	TITLE V ELIGIBLE CLIENTS		NON TITLE V CLIENTS	
	0 – 100 %	101 – 185 %	186 – 200 %	201 % & Over
1	\$ 0 - \$ 958.00	\$ 959.00 - \$ 1,772.00	\$ 1,773.00 - \$ 1,915.00	\$1,916.00
2	\$ 0 - \$ 1,293.00	\$ 1,294.00 - \$ 2,392.00	\$ 2,393.00 - \$ 2,585.00	\$2,586.00
3	\$ 0 - \$ 1,628.00	\$ 1,629.00 - \$ 3,011.00	\$ 3,012.00 - \$ 3,255.00	\$3,256.00
4	\$ 0 - \$ 1,963.00	\$ 1,964.00 - \$ 3,631.00	\$ 3,632.00 - \$ 3,925.00	\$3,926.00
5	\$ 0 - \$ 2,298.00	\$ 2,299.00 - \$ 4,251.00	\$ 4,252.00 - \$ 4,595.00	\$4,596.00
6	\$ 0 - \$ 2,633.00	\$ 2,634.00 - \$ 4,871.00	\$ 4,872.00 - \$ 5,265.00	\$5,266.00
7	\$ 0 - \$ 2,968.00	\$ 2,969.00 - \$ 5,490.00	\$ 5,491.00 - \$ 5,935.00	\$5,936.00
8	\$ 0 - \$ 3,303.00	\$ 3,304.00 - \$ 6,110.00	\$ 6,111.00 - \$ 6,605.00	\$6,606.00
CHARGE	NO COPAY	25 %	30 %	Full Pay
TB CLIENTS	NO COPAY	25 %	25 %	25 %

Copay will be assessed based on (but not to exceed) allowed percentage of the total visit charge.

DO NOT COLLECT ON ANY PREVIOUS BALANCES FOR ANY PROGRAM.

TUBERCULOSIS COPAY assessment: TB clients 0-100% No Copay; TB clients at 101% & over, copay is 25% of the total visit charge.

- NO COPAY FOR CONTACT INVESTIGATIONS, PPD's, OR DOT's
- NO COPAY ON INITIAL NURSE ONLY
- COPAY WILL BE ASSESSED ON PHYSICIAN E/M VISITS
- COPAY WILL BE ASSESSED ONCE A MONTH ONLY (MONTHLY TOXICITY)

This Schedule shall be used to determine if a client is eligible to pay in accordance with the Eligibility Guidelines; however, services shall not be denied due to inability to pay.