

**Hidalgo County Health and Human Services Department
Income Guidelines & Schedule of Charges - Sliding Fee Schedule
TITLE V & NON-TITLE V CLIENTS INCLUDING TUBERCULOSIS CLIENTS**



	TITLE V ELIGIBLE CLIENTS		NON - TITLE V CLIENTS	
Family Size	0 - 132 %	133 - 185 %	186 - 200 %	201 % & Over
1	\$0.00 - \$1,293.00	\$1,294.00 - \$1,800.00	\$1,801.00 - \$1,945.00	\$1,946.00
2	\$0.00 - \$1,743.00	\$1,744.00 - \$2,426.00	\$2,427.00 - \$2,622.00	\$2,623.00
3	\$0.00 - \$2,193.00	\$2,194.00 - \$3,051.00	\$3,052.00 - \$3,299.00	\$3,300.00
4	\$0.00 - \$2,643.00	\$2,644.00 - \$3,677.00	\$3,678.00 - \$3,975.00	\$3,976.00
5	\$0.00 - \$3,093.00	\$3,094.00 - \$4,303.00	\$4,304.00 - \$4,652.00	\$4,653.00
6	\$0.00 - \$3,543.00	\$3,544.00 - \$4,929.00	\$4,930.00 - \$5,329.00	\$5,330.00
7	\$0.00 - \$3,993.00	\$3,994.00 - \$5,555.00	\$5,556.00 - \$6,005.00	\$6,006.00
8	\$0.00 - \$4,443.00	\$4,444.00 - \$6,181.00	\$6,182.00 - \$6,682.00	\$6,683.00
CHARGE	NO CO-PAY	25%	30%	FULL PAY
TB CLIENTS	NO CO-PAY	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 - 132%, No Copay; TB clients at 133% & 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 PHYSICIANS 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.