

**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 - 100 %	101 - 185 %	186 - 200 %	201 % & Over
1	\$0.00 - \$981.00	\$982.00 - \$1,815.00	\$1,816.00 - \$1,962.00	\$1,963.00
2	\$0.00 - \$1,328.00	\$1,329.00 - \$2,456.00	\$2,457.00 - \$2,655.00	\$2,656.00
3	\$0.00 - \$1,674.00	\$1,675.00 - \$3,097.00	\$3,098.00 - \$3,348.00	\$3,349.00
4	\$0.00 - \$2,021.00	\$2,022.00 - \$3,739.00	\$3,740.00 - \$4,042.00	\$4,043.00
5	\$0.00 - \$2,368.00	\$2,369.00 - \$4,380.00	\$4,381.00 - \$4,735.00	\$4,736.00
6	\$0.00 - \$2,714.00	\$2,715.00 - \$5,021.00	\$5,022.00 - \$5,428.00	\$5,429.00
7	\$0.00 - \$3,061.00	\$3,062.00 - \$5,663.00	\$5,664.00 - \$6,122.00	\$6,123.00
8	\$0.00 - \$3,408.00	\$3,409.00 - \$6,304.00	\$6,305.00 - \$6,815.00	\$6,816.00
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 - 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 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. *Revised 09/29/2015*