

**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 - \$990.00	\$1,000.00 - \$1,832.00	\$1,841.00 - \$1,980.00	\$1,990.00
2	\$0.00 - \$1,335.00	\$1,348.00 - \$2,470.00	\$2,483.00 - \$2,670.00	\$2,683.00
3	\$0.00 - \$1,680.00	\$1,697.00 - \$3,108.00	\$3,125.00 - \$3,360.00	\$3,377.00
4	\$0.00 - \$2,025.00	\$2,045.00 - \$3,747.00	\$3,767.00 - \$4,050.00	\$4,070.00
5	\$0.00 - \$2,370.00	\$2,394.00 - \$4,385.00	\$4,408.00 - \$4,740.00	\$4,764.00
6	\$0.00 - \$2,715.00	\$2,742.00 - \$5,023.00	\$5,050.00 - \$5,430.00	\$5,457.00
7	\$0.00 - \$3,061.00	\$3,092.00 - \$5,663.00	\$5,693.00 - \$6,122.00	\$6,153.00
8	\$0.00 - \$3,408.00	\$3,442.00 - \$6,304.00	\$6,339.00 - \$6,815.00	\$6,850.00
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.

* If income falls between 100% & 101%, round down to 100%

* If income falls between 185% & 186%, round down to 185%

* If income falls between 200% & 201%, round down to 200%

DO NOT COLLECT ON ANY PREVIOUS BALANCES FOR ANY PROGRAM.

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.