

**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 - \$1,005.00	\$1,015.00 - \$1,860.00	\$1,869.00 - \$2,010.00	\$2,020.00
2	\$0.00 - \$1,353.00	\$1,367.00 - \$2,504.00	\$2,517.00 - \$2,707.00	\$2,720.00
3	\$0.00 - \$1,702.00	\$1,719.00 - \$3,149.00	\$3,166.00 - \$3,404.00	\$3,421.00
4	\$0.00 - \$2,050.00	\$2,070.00 - \$3,793.00	\$3,813.00 - \$4,100.00	\$4,120.00
5	\$0.00 - \$2,398.00	\$2,422.00 - \$4,437.00	\$4,460.00 - \$4,797.00	\$4,820.00
6	\$0.00 - \$2,747.00	\$2,774.00 - \$5,082.00	\$5,109.00 - \$5,494.00	\$5,521.00
7	\$0.00 - \$3,095.00	\$3,126.00 - \$5,726.00	\$5,757.00 - \$6,190.00	\$6,221.00
8	\$0.00 - \$3,443.00	\$3,478.00 - \$6,371.00	\$6,404.00 - \$6,887.00	\$6,920.00
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.