

**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 - \$1,012.00	\$1,022.00 - \$1,872.00	\$1,882.00 - \$2,024.00	\$2,033.00
2	\$0.00 - \$1,372.00	\$1,385.00 - \$2,538.00	\$2,551.00 - \$2,744.00	\$2,757.00
3	\$0.00 - \$1,732.00	\$1,749.00 - \$3,204.00	\$3,221.00 - \$3,464.00	\$3,481.00
4	\$0.00 - \$2,092.00	\$2,113.00 - \$3,870.00	\$3,891.00 - \$4,184.00	\$4,204.00
5	\$0.00 - \$2,452.00	\$2,476.00 - \$4,536.00	\$4,560.00 - \$4,904.00	\$4,928.00
6	\$0.00 - \$2,812.00	\$2,840.00 - \$5,202.00	\$5,230.00 - \$5,624.00	\$5,651.00
7	\$0.00 - \$3,172.00	\$3,203.00 - \$5,868.00	\$5,899.00 - \$6,344.00	\$6,375.00
8	\$0.00 - \$3,532.00	\$3,567.00 - \$6,534.00	\$6,569.00 - \$7,064.00	\$7,099.00
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.