HENRY J. AUSTIN™
H E A L T H   C E N T E R
The center for wellness

HRSA Sliding Fee Discount Schedule
Based on 2021 Federal Poverty Guidelines*

Poverty Level	Annual Income					
	At or Below 100%	101-133%	134-150%	151-175%	176-200%	*Above* 200%
Family Size	A	B	C	D	E	F
1	$0 - $12,880	$12,881 - $17,130	$17,131 - $19,320	$19,321 - $22,540	$22,541 - $25,760	$25,761 - UP
2	$0 - $17,420	$17,421 - $23,169	$23,170 - $26,130	$26,131 - $30,485	$30,486 - $34,840	$34,841 - UP
3	$0 - $21,960	$21,961 - $29,207	$29,208 - $32,940	$32,941 - $38,430	$38,431 - $43,920	$43,921 - UP
4	$0 - $26,500	$26,501 - $35,245	$35,246 - $39,750	$39,751 - $46,375	$46,376 - $53,000	$53,001 - UP
5	$0 - $31,040	$31,041 - $41,283	$41,284 - $46,560	$46,561 - $54,320	$54,321 - $62,080	$62,081 - UP
6	$0 - $35,580	$35,581 - $47,321	$47,322 - $53,370	$53,371 - $62,265	$62,266 - $71,160	$71,161 - UP
7	$0 - $40,120	$40,121 - $53,360	$53,361 - $60,180	$60,181 - $70,210	$70,211 - $80,240	$80,241 - UP
8	$0 - $44,660	$44,661 - $59,398	$59,399 - $66,990	$66,991 - $78,155	$78,156 - $89,320	$89,321 - UP
For Family units with more than 8 persons, add $4,540 for each additional member						
Medical/Primary/GYN Womens Health Visit Sliding Fee Schedule						
Medical/Primary Care/GYN Womens Health Visits Sliding Fee	$20	$25	$30	$35	$40	Full Fee, if does not qualify for Uncompensated Care
Behavioral Health Counselor and Medication Assisted Treatment Visits Sliding Fee Schedule						
Clinical Therapy Sliding Fee	$5	$10	$15	$20	$25	Full Fee, if unable to pay please contact supervisor
Behavioral Health/MAT Sliding Fee	$1	$2	$3	$4	$5	Full Fee, if unable to pay please contact supervisor
Dental Sliding Fee Schedule						
Dental Sliding Fee (All Services and Procedures)	$40	$45	$50	$55	$60	Full Fee, if does not qualify for Uncompensated Care

Patient pays at a minimum a $20 nominal fee for all medical visits unless separate fee as outlined on this table.
* Federal Register / Vol.86 No.19/ February 1, 2021