

HEALTHCARE CHOICES, INC.

Medical Sliding Fee Schedule

Poverty Thresholds

Effective Date 3/1/2023

HCC Medical & Social Work FEE Schedule	\$ 10.00	\$ 20.00	\$ 30.00	\$ 45.00	\$ 100.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
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Family Size	A	B	C	D	E
1	14,580	18,225	21,870	25,515	29,160
2	19,720	24,650	29,580	34,510	39,440
3	24,860	31,075	37,290	43,505	49,720
4	30,000	37,500	45,000	52,500	60,000
5	35,140	43,925	52,710	61,495	70,280
6	40,280	50,350	60,420	70,490	80,560
7	45,420	56,775	68,130	79,485	90,840
8	50,560	63,200	75,840	88,480	101,120

HEALTHCARE CHOICES, INC.

Dental Sliding Fee Schedule

Poverty Thresholds

Effective Date 3/1/2023

HCC Dental FEE Schedule	\$ 45.00	\$ 50.00	\$ 60.00	\$ 75.00	\$ 100.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
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Family Size	A	B	C	D	E
1	14,580	18,225	21,870	25,515	29,160
2	19,720	24,650	29,580	34,510	39,440
3	24,860	31,075	37,290	43,505	49,720
4	30,000	37,500	45,000	52,500	60,000
5	35,140	43,925	52,710	61,495	70,280
6	40,280	50,350	60,420	70,490	80,560
7	45,420	56,775	68,130	79,485	90,840
8	50,560	63,200	75,840	88,480	101,120

HEALTHCARE CHOICES, INC.

Psychiatry Sliding Fee Schedule

Poverty Thresholds

Effective Date 3/1/2023

HCC Psychiatry FEE Schedule	\$ 45.00	\$ 50.00	\$ 60.00	\$ 75.00	\$ 100.00
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% of Federal Poverty Level	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
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Family Size	A	B	C	D	E
1	14,580	18,225	21,870	25,515	29,160
2	19,720	24,650	29,580	34,510	39,440
3	24,860	31,075	37,290	43,505	49,720
4	30,000	37,500	45,000	52,500	60,000
5	35,140	43,925	52,710	61,495	70,280
6	40,280	50,350	60,420	70,490	80,560
7	45,420	56,775	68,130	79,485	90,840
8	50,560	63,200	75,840	88,480	101,120

For Family/households @ Level A with more than 9 persons, add \$5,140 for each additional person.