

KIOWA COUNTY HOSPITAL DISTRICT
2019 SLIDING FEE SCALE

	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges
Family Size	Minimum Fee/\$10.00	20%	40%	60%	80%	100% full fee
1	\$0 - \$12,490	\$12,491 – \$15,613	\$15,614 – \$18,735	\$18,736 – \$21,858	\$21,859 – \$24,980	\$24,981 and above
2	\$0 – 16,910	\$16,911 – \$21,138	\$21,139 – \$25,365	\$25,366 – \$29,593	\$29,594 – \$33,820	\$33,821 and above
3	\$0 - \$21,330	\$21,331 – \$26,663	\$26,664 – \$31,995	\$31,996 – \$37,328	\$37,329 – \$42,660	\$42,661 and above
4	\$0 - \$25,750	\$25,751 – \$32,188	\$32,189 – \$38,625	\$38,626 – \$45,063	\$45,064 – \$51,500	\$51,501 and above
For each Additional Family Member	+\$4,420	+\$5,525	+\$6,630	+\$7,735	+\$8,840	
Target Population	To 100% of poverty	To 125% of poverty	To 150% of poverty	To 175% of poverty	To 200% of poverty	Over 200% of poverty

Patients should be made aware that there are minimums, which will be required from them such as clinic office visits \$10.00 and \$10.00 for hospital/emergency room visit, even if they qualify for the maximum discount possible.

Based on Federal poverty guidelines released January 2019.

Each column is increased by 25%

25% 50% 75% 100%