

**KIOWA COUNTY HOSPITAL DISTRICT
2020 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 - \$12,760	\$12,761 – \$15,950	\$15,951 – \$19,140	\$19,141 – \$22,330	\$22,331 – \$25,520	\$25,521 and above
2	\$0 – 17,240	\$17,241 – \$21,550	\$21,551 – \$25,860	\$25,861 – \$30,170	\$30,171 – \$34,480	\$34,481 and above
3	\$0 - \$21,720	\$21,721 – \$27,150	\$27,151 – \$32,580	\$32,581 – \$38,010	\$38,011 – \$43,440	\$43,441 and above
4	\$0 - \$26,200	\$26,201 – \$32,750	\$32,751 – \$39,300	\$39,301 – \$45,850	\$45,851 – \$52,400	\$52,401 and above
For each Additional Family Member	+\$4,480	+\$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 2020.

Each column is increased by 25%

25% 50% 75% 100%