

KIOWA COUNTY HOSPITAL DISTRICT  
2022 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 - \$13,590	\$13,591 – \$16,988	\$16,989 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	\$27,181 and above
2	\$0 – 18,310	\$18,311 – \$22,888	\$22,889 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	\$36,621 and above
3	\$0 - \$23,030	\$23,031 – \$28,788	\$28,789 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	\$46,061 and above
4	\$0 - \$27,750	\$27,751 – \$34,688	\$34,689 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	\$55,501 and above
For each Additional Family Member	+\$4,720	+\$5,900	+\$7,080	+\$8,260	+\$9,440	
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 2022.