

KIOWA COUNTY HOSPITAL DISTRICT
2023 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 - \$14,580	\$14,581 – \$18,225	\$18,226 – \$21,780	\$21,781 – \$25,515	\$25,516 – \$29,160	\$29,161 and above
2	\$0 – 19,720	\$19,721 – \$24,650	\$24,651 – \$29,580	\$29,581 – \$34,510	\$34,511 – \$39,440	\$39,441 and above
3	\$0 - \$24,860	\$24,861 – \$31,075	\$31,076 – \$37,290	\$37,291 – \$43,505	\$43,506 – \$49,720	\$49,721 and above
4	\$0 - \$30,000	\$30,001 – \$37,500	\$37,501 – \$45,000	\$45,001 – \$52,500	\$52,501 – \$60,000	\$60,001 and above
For each Additional Family Member	+\$5,140	+\$6,425	+\$7,710	+\$8,995	+\$10,280	
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 2023.

Each column is increased by 25%

25% 50% 75% 100%