

**KIOWA COUNTY HOSPITAL DISTRICT
2025 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 - \$15,650	\$15,651 – \$19,564	\$19,565 – \$23,475	\$23,476 – \$27,388	\$27,389 – \$31,300	\$31,301 and above
2	\$0 – 21,150	\$21,151 – \$26,438	\$26,439 – \$31,725	\$31,726 – \$37,013	\$37,014 – \$42,300	\$42,301 and above
3	\$0 - \$26,650	\$26,651 – \$33,313	\$33,314 – \$39,975	\$39,976 – \$46,638	\$46,639 – \$53,300	\$53,301 and above
4	\$0 - \$32,150	\$32,151– \$40,188	\$40,189 – \$48,225	\$48,226 – \$56,263	\$56,264 – \$64,300	\$64,301 and above
For each Additional Family Member	+\$5,500	+\$6,875	+\$8,250	+\$9,625	+\$11,000	
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 2025.