

# Anderson Valley Health Center

## Sliding Fee Schedule – Effective 1/31/2018

Sliding Fee Scales are based on the Health and Human Service's  
Federal Poverty Guidelines

If you have **no insurance** or health benefits

**You may qualify** to receive a discount for your clinic visit

Discount is calculated depending upon the number of family members and your gross  
annual/monthly income

Payment is expected at the time of service

|                                 | <b>Step A:</b><br>0-100% | <b>Step B:</b><br>101-133% | <b>Step C:</b><br>134-185% | <b>Step D:</b><br>186-200% | 201% and above<br><b>Full Charge</b> |
|---------------------------------|--------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| Medical and Behavioral Health*  | \$25.00                  | \$55.00                    | \$65.00                    | \$75.00                    | 100%                                 |
| Dental Routine & Preventative** | \$45.00                  | 50%                        | 60%                        | 70%                        | 100%                                 |
| Dental Restorative**            | \$100.00                 | 40%                        | 50%                        | 60%                        | 100%                                 |

\*For all Labs drawn during a lab visit, Fees will be charged at \$20

\*\*Dental Lab Fees will be charged at cost

Please talk with Reception Staff to see if you are eligible for a Sliding Fee Discount.

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## Programa de Descuentos- Efectivo 1/31/2018

El descuento es basado en la guía de nivel de pobreza federal por el  
Departamento de Salud y Servicios Humanos

**Si no tiene a seguridad** u otros beneficios del cuidado de salud  
**Puede** calificar para recibir un descuento en su tratamiento.

El descuento se calcula de acuerdo al número de personas en su familia y su ingreso familiar en  
bruto. Se espera el pago el día de su cita.

|                              | <b>Step A: 0-100%</b> | <b>Step B:<br/>101-133%</b> | <b>Step C:<br/>134-185%</b> | <b>Step D:<br/>186-200%</b> | <b>201% ó mas<br/>Costo completo</b> |
|------------------------------|-----------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------------|
| Medico y Salud Mental*       | \$25.00               | \$55.00                     | \$65.00                     | \$75.00                     | 100%                                 |
| Dental rutina y preventiva** | \$45.00               | 50%                         | 60%                         | 70%                         | 100%                                 |
| Dental Restaurativo**        | \$100.00              | 40%                         | 50%                         | 60%                         | 100%                                 |

\*Costo por análisis de sangre es \$20

\*\*Por tratamiento dental que incluye servicio de laboratorio se cobrara al costo del laboratorio.

**Favor de hablar con la recepcionista si quiere aplicar para este descuento**