


**Angel Harvey Family Health Center**  
**Fee Scale for Medical, Behavioral Health and CHAT\* Services**  
**Attachment A**  
**Schedule of Discounts**  
**SFY 2020-2021**  
**Effective date 01/13/2021**


	A	B	C	D	E
Poverty level	100%	101% to 138%	139% to 150%	151% to 200%	201% and over
<b>**Nominal Fee</b>	\$30	\$45	\$60	\$75	Full Fee
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$12,880	\$12,881 to \$17,774	\$17,775 to \$19,320	\$19,321 to \$25,760	\$25,761 and Over
2	\$17,420	\$17,421 to \$24,040	\$24,041 to \$26,130	\$26,131 to \$34,840	\$34,841 and Over
3	\$21,960	\$21,961 to \$30,305	\$30,306 to \$32,940	\$32,941 to \$43,920	\$43,921 and Over
4	\$26,500	\$26,501 to \$36,570	\$36,571 to \$39,750	\$39,751 to \$53,000	\$53,001 and Over
5	\$31,040	\$31,041 to \$42,835	\$42,836 to \$46,560	\$46,561 to \$62,080	\$62,081 and Over
6	\$35,580	\$35,581 to \$49,100	\$49,101 to \$53,370	\$53,371 to \$71,160	\$71,161 and Over
7	\$40,120	\$40,121 to \$55,366	\$55,367 to \$60,180	\$60,181 to \$80,240	\$80,241 and Over
8	\$44,660	\$44,661 to \$61,631	\$61,632 to \$66,990	\$66,991 to \$89,320	\$89,321 and Over
9	\$49,200	\$49,201 to \$67,896	\$67,897 to \$73,800	\$73,801 to \$98,400	\$98,401 and Over
10	\$53,740	\$53,741 to \$74,161	\$74,162 to \$80,610	\$80,611 to \$107,480	\$107,481 and Over
11	\$58,280	\$58,281 to \$80,426	\$80,427 to \$87,420	\$87,421 to \$116,560	\$116,561 and Over
12	\$62,820	\$62,821 to \$86,692	\$86,693 to \$94,230	\$94,231 to \$125,640	\$125,641 and Over
<b>*CHAT (Child-centered Health &amp; Advanced Therapies)</b>					

For families with more than 12 persons, add \$4,540 for each additional person.

Revised by Lisa Finch, Director of Revenue Cycle on 01/22/2021 based on the 2021 Federal Poverty Guidelines

To apply for a sliding fee discount, please ask one of our staff for a Sliding Fee Discount Application.

 02/19/2021  
 Jerry Isikoff, PhD Date  
 Approved by CEO

 02/19/2021  
 Denise Gonzalez Date  
 Approved by COO

 02/19/2021  
 Karen Williams, CPA Date  
 Approved by CFO

Revised 01/22/2021

Policy Approved by the Governing board on: 12/27/20

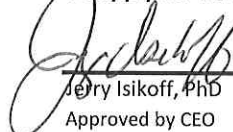
**Angel Harvey Family Health Center**  
**Fee Scale for Dental Services**  
**Attachment B**  
**Schedule of Discounts**  
**SFY 2020-2021**  
**Effective date 01/13/2021**


	A	B	C	D	E
Poverty level	100%	101% to 138%	139% to 150%	151% to 200%	201% and over
<b>**Nominal Fee</b>	\$60	\$70	\$80	\$90	Full Fee
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$12,880	\$12,881 to \$17,774	\$17,775 to \$19,320	\$19,321 to \$25,760	\$25,761 and Over
2	\$17,420	\$17,421 to \$24,040	\$24,041 to \$26,130	\$26,131 to \$34,840	\$34,841 and Over
3	\$21,960	\$21,961 to \$30,305	\$30,306 to \$32,940	\$32,941 to \$43,920	\$43,921 and Over
4	\$26,500	\$26,501 to \$36,570	\$36,571 to \$39,750	\$39,751 to \$53,000	\$53,001 and Over
5	\$31,040	\$31,041 to \$42,835	\$42,836 to \$46,560	\$46,561 to \$62,080	\$62,081 and Over
6	\$35,580	\$35,581 to \$49,100	\$49,101 to \$53,370	\$53,371 to \$71,160	\$71,161 and Over
7	\$40,120	\$40,121 to \$55,366	\$55,367 to \$60,180	\$60,181 to \$80,240	\$80,241 and Over
8	\$44,660	\$44,661 to \$61,631	\$61,632 to \$66,990	\$66,991 to \$89,320	\$89,321 and Over
9	\$49,200	\$49,201 to \$67,896	\$67,897 to \$73,800	\$73,801 to \$98,400	\$98,401 and Over
10	\$53,740	\$53,741 to \$74,161	\$74,162 to \$80,610	\$80,611 to \$107,480	\$107,481 and Over
11	\$58,280	\$58,281 to \$80,426	\$80,427 to \$87,420	\$87,421 to \$116,560	\$116,561 and Over
12	\$62,820	\$62,821 to \$86,692	\$86,693 to \$94,230	\$94,231 to \$125,640	\$125,641 and Over
<b>** Nominal Fees do not include Orthodontia, see Attachment D</b>					

For families with more than 12 persons, add \$4,540 for each additional person.

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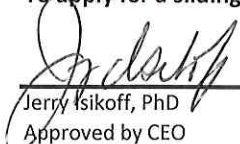
**Angel Harvey Family Health Center**  
**Fee Scale for Family Planning Services**  
**Attachment C**  
**Schedule of Discounts**  
**SFY 2020-2021**  
**Effective date 01/13/2021**


	A	B	C	D	E	F
Poverty level	100%	101% to 138%	139% to 150%	151% to 200%	201% to 250%	251% and over
Title X fee	0%	20%	40%	60%	75%	100%
**TWS Nominal fee	\$0	\$30	\$45	\$60	\$75	Full Fee
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$12,880	\$12,881 to \$17,774	\$17,775 to \$19,320	\$19,321 to \$25,760	\$25,761 to \$32,200	\$32,201 and Over
2	\$17,420	\$17,421 to \$24,040	\$24,041 to \$26,130	\$26,131 to \$34,840	\$34,841 to \$43,550	\$43,551 and Over
3	\$21,960	\$21,961 to \$30,305	\$30,306 to \$32,940	\$32,941 to \$43,920	\$43,921 to \$54,900	\$54,901 and Over
4	\$26,500	\$26,501 to \$36,570	\$36,571 to \$39,750	\$39,751 to \$53,000	\$53,001 to \$66,250	\$66,251 and Over
5	\$31,040	\$31,041 to \$42,835	\$42,836 to \$46,560	\$46,561 to \$62,080	\$62,081 to \$77,600	\$77,601 and Over
6	\$35,580	\$35,581 to \$49,100	\$49,101 to \$53,370	\$53,371 to \$71,160	\$71,161 to \$88,950	\$88,951 and Over
7	\$40,120	\$40,121 to \$55,366	\$55,367 to \$60,180	\$60,181 to \$80,240	\$80,241 to \$100,300	\$100,301 and Over
8	\$44,660	\$44,661 to \$61,631	\$61,632 to \$66,990	\$66,991 to \$89,320	\$89,321 to \$111,650	\$111,651 and Over
9	\$49,200	\$49,201 to \$67,896	\$67,897 to \$73,800	\$73,801 to \$98,400	\$98,401 to \$123,000	\$123,001 and Over
10	\$53,740	\$53,741 to \$74,161	\$74,162 to \$80,610	\$80,611 to \$107,480	\$107,481 to \$134,350	\$134,351 and Over
11	\$58,280	\$58,281 to \$80,426	\$80,427 to \$87,420	\$87,421 to \$116,560	\$116,561 to \$145,700	\$145,701 and Over
12	\$62,820	\$62,821 to \$86,692	\$86,693 to \$94,230	\$94,231 to \$125,640	\$125,641 to \$157,050	\$157,051 and Over


For families with more than 12 persons, add \$4,540 for each additional person.

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**Angel Harvey Family Health Center  
Fee Scale for Dental Services, Complex\*\***

**Attachment D  
Schedule of Discounts  
SFY 2020-2021**

Effective date 01/13/2021


	A	B	C	D	E
Poverty level	100%	101% to 138%	139% to 150%	151% to 200%	201% and over
<b>**Nominal Fee</b>	\$2,500	\$3,000	\$3,500	\$4,000	Full Fee
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$12,880	\$12,881 to \$17,774	\$17,775 to \$19,320	\$19,321 to \$25,760	\$25,761 and Over
2	\$17,420	\$17,421 to \$24,040	\$24,041 to \$26,130	\$26,131 to \$34,840	\$34,841 and Over
3	\$21,960	\$21,961 to \$30,305	\$30,306 to \$32,940	\$32,941 to \$43,920	\$43,921 and Over
4	\$26,500	\$26,501 to \$36,570	\$36,571 to \$39,750	\$39,751 to \$53,000	\$53,001 and Over
5	\$31,040	\$31,041 to \$42,835	\$42,836 to \$46,560	\$46,561 to \$62,080	\$62,081 and Over
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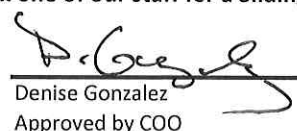
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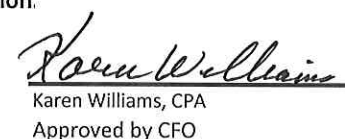
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**\*\* Complex services include orthodontia services.**

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