


**Angel Harvey Family Health Center
Fee Scale for Medical, Behavioral Health and CHAT* Services**

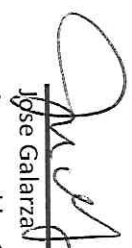
**Attachment A
Schedule of Discounts
SFY 2022-2023
Effective date 02/01/2022**


A		B		C		D		E
Poverty level	100%	101% to 138%	139% to 150%	151% to 200%	201% and over			
**Nominal Fee	\$30	\$45	\$60	\$75	Full Fee			
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income			
1	\$13,590	\$13,591 to \$18,754	\$18,755 to \$20,385	\$20,386 to \$27,180	\$27,181 and Over			
2	\$18,310	\$18,311 to \$25,268	\$25,269 to \$27,465	\$27,466 to \$36,620	\$36,621 and Over			
3	\$23,030	\$23,031 to \$31,781	\$31,782 to \$34,545	\$34,546 to \$46,060	\$46,061 and Over			
4	\$27,750	\$27,751 to \$38,295	\$38,296 to \$41,625	\$41,626 to \$55,500	\$55,501 and Over			
5	\$32,470	\$32,471 to \$44,809	\$44,810 to \$48,705	\$48,706 to \$64,940	\$64,941 and Over			
6	\$37,190	\$37,191 to \$51,322	\$51,323 to \$55,785	\$55,786 to \$74,380	\$74,381 and Over			
7	\$41,910	\$41,911 to \$57,836	\$57,837 to \$62,865	\$62,866 to \$83,820	\$83,821 and Over			
8	\$46,630	\$46,631 to \$64,349	\$64,350 to \$69,945	\$69,946 to \$93,260	\$93,261 and Over			
9	\$51,350	\$51,351 to \$70,863	\$70,864 to \$77,025	\$77,026 to \$102,700	\$102,701 and Over			
10	\$56,070	\$56,071 to \$77,377	\$77,378 to \$84,105	\$84,106 to \$112,140	\$112,141 and Over			
11	\$60,790	\$60,791 to \$83,890	\$83,891 to \$91,185	\$91,186 to \$121,580	\$121,581 and Over			
12	\$65,510	\$65,511 to \$90,404	\$90,405 to \$98,265	\$98,266 to \$131,020	\$131,021 and Over			

***CHAT (Child-centered Health & Advanced Therapies)**

For families with more than 12 persons, add \$4,720 for each additional person.
Income Guidelines revised by Elsa Garcia, Director of Revenue Cycle on 01/31/2022 based on the 2022 Federal Poverty Guidelines
<https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines>
To apply for a sliding fee discount, please ask one of our staff for a Sliding Fee Discount Application.


Jerry Isikoff, PhD
Approved by CEO
Date 02/19/2022


Jose Galarza
Approved by CHAIO
Date 02/19/2022


Karen Williams, CPA
Approved by CFO
Date 02/19/2022

Revised 01/31/2022

Policy Approved by the Governing board on: 2/22/2022

3/10/2022

**Angel Harvey Family Health Center
Fee Scale for Dental Services**

**Attachment B
Schedule of Discounts
SFY 2022-2023
Effective date 02/01/2022**

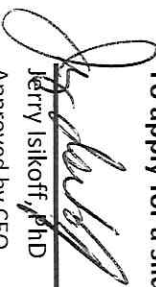
A		B		C		D		E
Poverty level	100%	101% to 138%	139% to 150%	151% to 200%	201% and over			
**Nominal Fee	\$60	\$70	\$80	\$90	Full Fee			
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income			
1	\$13,590	\$13,591 to \$18,754	\$18,755 to \$20,385	\$20,386 to \$27,180	\$27,181 and Over			
2	\$18,310	\$18,311 to \$25,268	\$25,269 to \$27,465	\$27,466 to \$36,620	\$36,621 and Over			
3	\$23,030	\$23,031 to \$31,781	\$31,782 to \$34,545	\$34,546 to \$46,060	\$46,061 and Over			
4	\$27,750	\$27,751 to \$38,295	\$38,296 to \$41,625	\$41,626 to \$55,500	\$55,501 and Over			
5	\$32,470	\$32,471 to \$44,809	\$44,810 to \$48,705	\$48,706 to \$64,940	\$64,941 and Over			
6	\$37,190	\$37,191 to \$51,322	\$51,323 to \$55,785	\$55,786 to \$74,380	\$74,381 and Over			
7	\$41,910	\$41,911 to \$57,836	\$57,837 to \$62,865	\$62,866 to \$83,820	\$83,821 and Over			
8	\$46,630	\$46,631 to \$64,349	\$64,350 to \$69,945	\$69,946 to \$93,260	\$93,261 and Over			
9	\$51,350	\$51,351 to \$70,863	\$70,864 to \$77,025	\$77,026 to \$102,700	\$102,701 and Over			
10	\$56,070	\$56,071 to \$77,377	\$77,378 to \$84,105	\$84,106 to \$112,140	\$112,141 and Over			
11	\$60,790	\$60,791 to \$83,890	\$83,891 to \$91,185	\$91,186 to \$121,580	\$121,581 and Over			
12	\$65,510	\$65,511 to \$90,404	\$90,405 to \$98,265	\$98,266 to \$131,020	\$131,021 and Over			

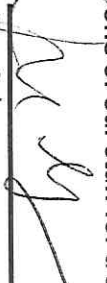
**** Nominal Fees do not include Orthodontia, see Attachment D**

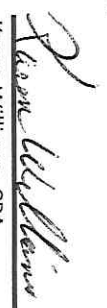
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Jerry Iskoff, PhD
Approved by CEO
Date 02/19/2022


Jose Galarza
Approved by CHAO
Date 02/19/2022


Karen Williams, CPA
Approved by CFO
Date 02/19/2022

**Angel Harvey Family Health Center
Fee Scale for Family Planning Services**

Attachment C

Schedule of Discounts

SFY 2022-2023

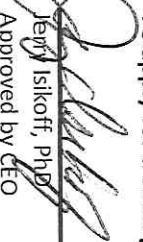
Effective date 02/01/2022

	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%
**IWS Nominal fee	\$0	\$30	\$45	\$60	\$75	Full Fee
Family Size	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$13,590	\$13,591 to \$18,754	\$18,755 to \$20,385	\$20,386 to \$27,180	\$27,181 to \$33,975	\$33,976 and Over
2	\$18,310	\$18,311 to \$25,268	\$25,269 to \$27,465	\$27,466 to \$36,620	\$36,621 to \$45,775	\$45,776 and Over
3	\$23,030	\$23,031 to \$31,781	\$31,782 to \$34,545	\$34,546 to \$46,060	\$46,061 to \$57,575	\$57,576 and Over
4	\$27,750	\$27,751 to \$38,295	\$38,296 to \$41,625	\$41,626 to \$55,500	\$55,501 to \$69,375	\$69,376 and Over
5	\$32,470	\$32,471 to \$44,809	\$44,810 to \$48,705	\$48,706 to \$64,940	\$64,941 to \$81,175	\$81,176 and Over
6	\$37,190	\$37,191 to \$51,322	\$51,323 to \$55,785	\$55,786 to \$74,380	\$74,381 to \$92,975	\$92,976 and Over
7	\$41,910	\$41,911 to \$57,836	\$57,837 to \$62,865	\$62,866 to \$83,820	\$83,821 to \$104,775	\$104,776 and Over
8	\$46,630	\$46,631 to \$64,349	\$64,350 to \$69,945	\$69,946 to \$93,260	\$93,261 to \$116,575	\$116,576 and Over
9	\$51,350	\$51,351 to \$70,863	\$70,864 to \$77,025	\$77,026 to \$102,700	\$102,701 to \$128,375	\$128,376 and Over
10	\$56,070	\$56,071 to \$77,377	\$77,378 to \$84,105	\$84,106 to \$112,140	\$112,141 to \$140,175	\$140,176 and Over
11	\$60,790	\$60,791 to \$83,890	\$83,891 to \$91,185	\$91,186 to \$121,580	\$121,581 to \$151,975	\$151,976 and Over
12	\$65,510	\$65,511 to \$90,404	\$90,405 to \$98,265	\$98,266 to \$131,020	\$131,021 to \$163,775	\$163,776 and Over


For families with more than 12 persons, add \$4,720 for each additional person.

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 Approved by CEO
 Date 02/19/2022


 Jose Galarza
 Approved by CHAIO
 Date 02/19/2022


 Karen Williams, CPA
 Approved by CFO
 Date 02/19/2022

Revised 01/31/2022

Policy Approved by the Governing board on: 2/22/2022

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

**Attachment D
Schedule of Discounts
SFY 2022-2023
Effective date 02/01/2022**


A		B		C		D		E
Poverty level	100%	101%	to 138%	139%	to 150%	151%	to 200%	201% and over
**Fee	\$2,500	\$3,000		\$3,500		\$4,000		\$4,500
** Fee for complex services include orthodontia services.								
***Deposit	\$500	\$1,000		\$1,000		\$1,500		\$1,500
*** Deposit can be paid in 3 installments. The deposit must be paid in full prior to the braces being placed.								
Family Size	Annual Income	Annual Income		Annual Income		Annual Income		Annual Income
1	\$13,590	\$13,591 to \$18,754	\$18,755 to \$20,385	\$20,386 to \$27,180	\$27,181	and Over		
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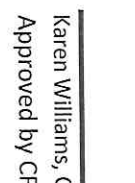
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