

Angel Harvey Family Health Center
Fee Scale for Medical, Behavioral Health and CHAT* Services
Attachment A
Schedule of Discounts
SFY 2024-2025
Effective date 02/01/2024

	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	15,060	\$15,061 to \$20,783	\$20,784 to \$22,590	\$22,591 to \$30,120	\$30,121 and Over
2	20,440	\$20,441 to \$28,207	\$28,208 to \$30,660	\$30,661 to \$40,880	\$40,881 and Over
3	25,820	\$25,821 to \$35,632	\$35,633 to \$38,730	\$38,731 to \$51,640	\$51,641 and Over
4	31,200	\$31,201 to \$43,056	\$43,057 to \$46,800	\$46,801 to \$62,400	\$62,401 and Over
5	36,580	\$36,581 to \$50,480	\$50,481 to \$54,870	\$54,871 to \$73,160	\$73,161 and Over
6	41,960	\$41,961 to \$57,905	\$57,906 to \$62,940	\$62,941 to \$83,920	\$83,921 and Over
7	47,340	\$47,341 to \$65,329	\$65,330 to \$71,010	\$71,011 to \$94,680	\$94,681 and Over
8	52,720	\$52,721 to \$72,754	\$72,755 to \$79,080	\$79,081 to \$105,440	\$105,441 and Over
9	\$58,100	\$58,101 to \$80,178	\$80,179 to \$87,150	\$87,151 to \$116,200	\$116,201 and Over
10	\$63,480	\$63,481 to \$87,602	\$87,603 to \$95,220	\$95,221 to \$126,960	\$126,961 and Over
11	\$68,860	\$68,861 to \$95,027	\$95,028 to \$103,290	\$103,291 to \$137,720	\$137,721 and Over
12	\$74,240	\$74,241 to \$102,451	\$102,452 to \$111,360	\$111,361 to \$148,480	\$148,481 and Over
*CHAT (Child-centered Health & Advanced Therapies)					

For families with more than 12 persons, add \$5,380 for each additional person.

Income Guidelines revised by Elsa Garcia, Director of Revenue Cycle on 01/12/2024 based on the 2024 Federal Poverty Guidelines

<https://www.federalregister.gov/documents/2024/01/12/2024-00885/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.

Pending Board

Approval

Jerry Isikoff, PhD Date

Pending Board Approval

Jose Galarza Date

Approved by CHAIO

Pending Board Approval

Karen Williams, CPA Date

Revised 6/27/2024

Policy Pending Board Approval: July 2024

Angel Harvey Family Health Center
Fee Scale for Dental Services
Attachment B
Schedule of Discounts
SFY 2024-2025
Effective date 02/01/2024

	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	\$15,060	\$15,061 to \$20,783	\$20,784 to \$22,590	\$22,591 to \$30,120	\$30,121 and Over
2	\$20,440	\$20,441 to \$28,207	\$28,208 to \$30,660	\$30,661 to \$40,880	\$40,881 and Over
3	\$25,820	\$25,821 to \$35,632	\$35,633 to \$38,730	\$38,731 to \$51,640	\$51,641 and Over
4	\$31,200	\$31,201 to \$43,056	\$43,057 to \$46,800	\$46,801 to \$62,400	\$62,401 and Over
5	\$36,580	\$36,581 to \$50,480	\$50,481 to \$54,870	\$54,871 to \$73,160	\$73,161 and Over
6	\$41,960	\$41,961 to \$57,905	\$57,906 to \$62,940	\$62,941 to \$83,920	\$83,921 and Over
7	\$47,340	\$47,341 to \$65,329	\$65,330 to \$71,010	\$71,011 to \$94,680	\$94,681 and Over
8	\$52,720	\$52,721 to \$72,754	\$72,755 to \$79,080	\$79,081 to \$105,440	\$105,441 and Over
9	\$58,100	\$58,101 to \$80,178	\$80,179 to \$87,150	\$87,151 to \$116,200	\$116,201 and Over
10	\$63,480	\$63,481 to \$87,602	\$87,603 to \$95,220	\$95,221 to \$126,960	\$126,961 and Over
11	\$68,860	\$68,861 to \$95,027	\$95,028 to \$103,290	\$103,291 to \$137,720	\$137,721 and Over
12	\$74,240	\$74,241 to \$102,451	\$102,452 to \$111,360	\$111,361 to \$148,480	\$148,481 and Over
** Nominal Fees do not include Orthodontia, see Attachment D					

For families with more than 12 persons, add \$5,380 for each additional person.

Income Guidelines revised by Elsa Garcia, Director of Revenue Cycle on 01/12/2024 based on the 2024 Federal Poverty Guidelines

<https://www.federalregister.gov/documents/2024/01/12/2024-00885/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.

Pending Board

Approval

Jerry Isikoff, PhD

Date

Pending Board Approval

Jose Galarza

Date

Pending Board Approval

Karen Williams, CPA

Date

Revised 6/27/2024

Policy Pending Board Approval: July 2024

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

**Attachment C
Schedule of Discounts
SFY 2024-2025**

Effective date 02/01/2024

	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	\$15,060	\$15,061 to \$20,783	\$20,784 to \$22,590	\$22,591 to \$30,120	\$30,121 to \$37,650	\$37,651 and Over
2	\$20,440	\$20,441 to \$28,207	\$28,208 to \$30,660	\$30,661 to \$40,880	\$40,881 to \$51,100	\$51,101 and Over
3	\$25,820	\$25,821 to \$35,632	\$35,633 to \$38,730	\$38,731 to \$51,640	\$51,641 to \$64,550	\$64,551 and Over
4	\$31,200	\$31,201 to \$43,056	\$43,057 to \$46,800	\$46,801 to \$62,400	\$62,401 to \$78,000	\$78,001 and Over
5	\$36,580	\$36,581 to \$50,480	\$50,481 to \$54,870	\$54,871 to \$73,160	\$73,161 to \$91,450	\$91,451 and Over
6	\$41,960	\$41,961 to \$57,905	\$57,906 to \$62,940	\$62,941 to \$83,920	\$83,921 to \$104,900	\$104,901 and Over
7	\$47,340	\$47,341 to \$65,329	\$65,330 to \$71,010	\$71,011 to \$94,680	\$94,681 to \$118,350	\$118,351 and Over
8	\$52,720	\$52,721 to \$72,754	\$72,755 to \$79,080	\$79,081 to \$105,440	\$105,441 to \$131,800	\$131,801 and Over
9	\$58,100	\$58,101 to \$80,178	\$80,179 to \$87,150	\$87,151 to \$116,200	\$116,201 to \$145,250	\$145,251 and Over
10	\$63,480	\$63,481 to \$87,602	\$87,603 to \$95,220	\$95,221 to \$126,960	\$126,961 to \$158,700	\$158,701 and Over
11	\$68,860	\$68,861 to \$95,027	\$95,028 to \$103,290	\$103,291 to \$137,720	\$137,721 to \$172,150	\$172,151 and Over
12	\$74,240	\$74,241 to \$102,451	\$102,452 to \$111,360	\$111,361 to \$148,480	\$148,481 to \$185,600	\$185,601 and Over

For families with more than 12 persons, add \$5,380 for each additional person.

Income Guidelines revised by Elsa Garcia, Director of Revenue Cycle on 01/12/2024 based on the 2024 Federal Poverty Guidelines

<https://www.federalregister.gov/documents/2024/01/12/2024-00885/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.

Pending Board Approval

Jerry Isikoff, PhD

Date

Pending Board Approval

Jose Galarza

Date

Pending Board Approval

Karen Williams, CPA

Date

Revised 6/27/2024

Policy Pending Board Approval: July 2024