

COMMUNITY CLINIC OF MAUI, INC.
 dba MALAMA I KE OLA HEALTH CENTER
 SLIDING FEE SCALE

Effective Date: 6/1/2018

For households with members greater than 8, add \$4,063 to code B income amounts for each additional person in the household.

MONTHLY INCOME RANGES

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fixed Fee	Prompt Pay Discount	Discounted Fee*
Monthly Income Ranges:												
B	=<100% of Poverty (Nominal Charge)								B	\$25.00	(\$12.50)	\$12.50
C	101 - 150% of Poverty								C	\$35.00	(\$17.50)	\$17.50
	1,163	1,578	1,992	2,406	2,820	3,234	3,648	4,063				
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094				
D	151 - 175% of Poverty								D	\$75.00	(\$37.50)	\$37.50
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094				
	2,036	2,761	3,485	4,210	4,935	5,660	6,385	7,109				
E	176 - 200% of Poverty								E	\$100.00	(\$50.00)	\$50.00
	2,036	2,761	3,486	4,210	4,935	5,660	6,385	7,109				
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125				
F	> 200% of Poverty								F	\$150.00	(\$75.00)	\$75.00
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125				

SERVICE LINE: FAMILY PLANNING

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fixed Fee	Prompt Pay Discount	Discounted Fee*
Monthly Income Ranges:												
B	=<100% of Poverty (No Charge)								B	\$0.00	\$0.00	\$0.00
C	101 - 150% of Poverty								C	\$35.00	(\$17.50)	\$17.50
	1,163	1,578	1,992	2,406	2,820	3,234	3,648	4,063				
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094				
D	151 - 175% of Poverty								D	\$75.00	(\$37.50)	\$37.50
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094				
	2,036	2,761	3,485	4,210	4,935	5,660	6,385	7,109				
E	176 - 200% of Poverty								E	\$100.00	(\$50.00)	\$50.00
	2,036	2,761	3,486	4,210	4,935	5,660	6,385	7,109				
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125				
F	201 - 250% of Poverty								F	\$125.00	(\$62.50)	\$62.50
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125				
	2,908	3,944	4,979	6,015	7,050	8,085	9,121	10,156				
G	> 250% of Poverty								G	\$150.00	(\$75.00)	\$75.00
	2,908	3,944	4,979	6,015	7,050	8,086	9,121	10,156				

SERVICE LINE: DENTAL

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fee (Note A)	
Monthly Income Ranges:											
B	=<100% of Poverty (Nominal Charge)								B	\$30.00	Flat Fee
C	101 - 150% of Poverty								C	25%	% of charges
	1,163	1,578	1,992	2,406	2,820	3,234	3,648	4,063			
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094			
D	151 - 175% of Poverty								D	50%	% of charges
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094			
	2,036	2,761	3,485	4,210	4,935	5,660	6,385	7,109			
E	176 - 200% of Poverty								E	75%	% of charges
	2,036	2,761	3,486	4,210	4,935	5,660	6,385	7,109			
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125			
F	> 200% of Poverty								F	100%	% of charges
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125			

SERVICE LINE: BEHAVIORAL HEALTH

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fixed Fee
Monthly Income Ranges:										
B	=<100% of Poverty (Nominal Charge)								B	\$10.00
C	101 - 150% of Poverty								C	\$11.00
	1,163	1,578	1,992	2,406	2,820	3,234	3,648	4,063		
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094		
D	151 - 175% of Poverty								D	\$12.00
	1,745	2,366	2,988	3,609	4,230	4,851	5,473	6,094		
	2,036	2,761	3,485	4,210	4,935	5,660	6,385	7,109		
E	176 - 200% of Poverty								E	\$15.00
	2,036	2,761	3,486	4,210	4,935	5,660	6,385	7,109		
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125		
F	> 200% of Poverty								F	\$20.00
	2,327	3,155	3,983	4,812	5,640	6,468	7,297	8,125		

COMMUNITY CLINIC OF MAUI, INC.
 dba MALAMA I KE OLA HEALTH CENTER
 SLIDING FEE SCALE

Effective Date: 6/1/2018

For households with members greater than 8, add \$48,750 to code B income amounts for each additional person in the household.

Annual Income Ranges

SERVICE LINE: ALL PROGRAMS EXCEPT DENTAL, BEHAVIORAL HEALTH AND FAMILY PLANNING

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fixed Fee	Prompt Pay Discount	Discounted Fee
Annual Income Ranges:												
B	=<100% of Poverty (Nominal Charge)								B	\$25.00	(\$12.50)	\$12.50
C	101 - 150% of Poverty								C	\$35.00	(\$17.50)	\$17.50
	13,961	18,931	23,901	28,871	33,841	38,811	43,781	48,751				
D	151 - 175% of Poverty								D	\$75.00	(\$37.50)	\$37.50
	20,941	28,396	35,851	43,306	50,761	58,216	65,671	73,126				
E	176 - 200% of Poverty								E	\$100.00	(\$50.00)	\$50.00
	24,430	33,128	41,825	50,523	59,220	67,918	76,615	85,313				
F	> 200% of Poverty								F	\$150.00	(\$75.00)	\$75.00
	24,431	33,129	41,826	50,524	59,221	67,919	76,616	85,314				
	27,920	37,860	47,800	57,740	67,680	77,620	87,560	97,500				
	27,921	37,861	47,801	57,741	67,681	77,621	87,561	97,501				

SERVICE LINE: FAMILY PLANNING

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fixed Fee	Prompt Pay Discount	Discounted Fee*
B	=<100% of Poverty (No Charge)								B	\$0.00	\$0.00	\$0.00
C	101 - 150% of Poverty								C	\$35.00	(\$17.50)	\$17.50
	13,961	18,931	23,901	28,871	33,841	38,811	43,781	48,751				
D	151 - 175% of Poverty								D	\$75.00	(\$37.50)	\$37.50
	20,941	28,396	35,851	43,306	50,761	58,216	65,671	73,126				
E	176 - 200% of Poverty								E	\$100.00	(\$50.00)	\$50.00
	24,430	33,128	41,825	50,523	59,220	67,918	76,615	85,313				
F	201 - 250% of Poverty								F	\$125.00	(\$62.50)	\$62.50
	24,431	33,129	41,826	50,524	59,221	67,919	76,616	85,314				
G	> 250% of Poverty								G	\$150.00	(\$75.00)	\$75.00
	27,920	37,860	47,800	57,740	67,680	77,620	87,560	97,500				
	27,921	37,861	47,801	57,741	67,681	77,621	87,561	97,501				
	34,900	47,325	59,750	72,175	84,600	97,025	109,450	121,875				
	34,901	47,326	59,751	72,176	84,601	97,026	109,451	121,876				

SERVICE LINE: DENTAL

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fee (Note A)	
Annual Income Ranges:											
B	=<100% of Poverty (Nominal Charge)								B	\$30.00	Flat Fee
C	101 - 150% of Poverty								C	25%	% of charges
	13,961	18,931	23,901	28,871	33,841	38,811	43,781	48,751			
D	151 - 175% of Poverty								D	50%	% of charges
	20,941	28,396	35,851	43,306	50,761	58,216	65,671	73,126			
E	176 - 200% of Poverty								E	75%	% of charges
	24,430	33,128	41,825	50,523	59,220	67,918	76,615	85,313			
F	> 200% of Poverty								F	100%	% of charges
	24,431	33,129	41,826	50,524	59,221	67,919	76,616	85,314			
	27,920	37,860	47,800	57,740	67,680	77,620	87,560	97,500			
	27,921	37,861	47,801	57,741	67,681	77,621	87,561	97,501			

SERVICE LINE: BEHAVIORAL HEALTH

Number of Family Members	1	2	3	4	5	6	7	8	Code	Fixed Fee
Annual Income Ranges:										
B	=<100% of Poverty (Nominal Charge)								B	\$10.00
C	101 - 150% of Poverty								C	\$11.00
	13,961	18,931	23,901	28,871	33,841	38,811	43,781	48,751		
D	151 - 175% of Poverty								D	\$12.00
	20,941	28,396	35,851	43,306	50,761	58,216	65,671	73,126		
E	176 - 200% of Poverty								E	\$15.00
	24,430	33,128	41,825	50,523	59,220	67,918	76,615	85,313		
F	> 200% of Poverty								F	\$20.00
	24,431	33,129	41,826	50,524	59,221	67,919	76,616	85,314		
	27,920	37,860	47,800	57,740	67,680	77,620	87,560	97,500		
	27,921	37,861	47,801	57,741	67,681	77,621	87,561	97,501		