

EL RIO

HEALTH

El Rio Health offers a sliding fee scale to all income-eligible, uninsured, or under-insured patients, allowing qualifying patients to receive care at a lower cost. Eligibility for the program is based on family size and annual household income. Income guidelines and acceptable verification for the Sliding Fee Discount Program may be obtained from a member of our staff.

El Rio Health - Sliding Fee Sliding Scale 2023 Federal Poverty Guidelines Effective March 1, 2023						
Household Size	0% - 100% FPL	101% - 133% FPL	134% - 150% FPL	151%- 175% FPL	176% - 200% FPL	Over 200% FPL
Dental	\$25 Nominal Fee	50% Discount	40% Discount	30% Discount	20% Discount	No Discount
Laboratory Fees Retinopathy Screening Nutrition Primary Care Behavioral Health/BHC Wellness	\$1	\$5	\$10	\$15	\$20	No Discount
Pharmacy	90-Day=\$10, 30-Day=\$5	90-Day=\$15, 30-Day=\$10	90-Day=\$16, 30-Day=\$11	90-Day=\$20, 30-Day=\$15	90-Day=\$21, 30-Day=\$16	No Discount
Medical, Specialty Behavioral Health, PharmD Vision, Ultrasound/Specialty Radiology, Physical Therapy, etc.	Nominal Fee \$15	\$26	\$30	\$40	\$50	No Discount \$75 Down remaining balance is billed.
1	\$ 0 - \$ 14,580	\$ 14,581 - \$ 19,391	\$ 19,392 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 and up
2	\$ 0 - \$ 19,720	\$ 19,721 - \$ 26,228	\$ 26,229 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 and up
3	\$ 0 - \$ 24,860	\$ 24,861 - \$ 33,064	\$ 33,065 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 and up
4	\$ 0 - \$ 30,000	\$ 30,001 - \$ 39,900	\$ 39,901 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 and up
5	\$ 0 - \$ 35,140	\$ 35,141 - \$ 46,736	\$ 46,737 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 and up
6	\$ 0 - \$ 40,280	\$ 40,281 - \$ 53,572	\$ 53,573 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 and up
7	\$ 0 - \$ 45,420	\$ 45,421 - \$ 60,409	\$ 60,410 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 and up
8	\$ 0 - \$ 50,560	\$ 50,561 - \$ 67,245	\$ 67,246 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$101,121 and up
Additional Persons	+ \$5,140/person	+ \$6,836/person	+ \$7,710/person	+ \$8,995/person	+ \$10,280/person	+ \$10,280/person

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Household Size	0% - 100% FPL	101% - 133% FPL	134% - 150% FPL	151%- 175% FPL	176% - 200% FPL	Over 200% FPL
Obstetric/Prenatal Package	\$450	\$700	\$800	\$1,000	\$1,500	No Discount
Office Procedures	\$25	\$100	\$150	\$200	\$275	No Discount
Minor Surgery Procedures	\$100	\$550	\$850	\$1,100	\$1,200	No Discount
Major Surgery Procedures	\$250	\$1,500	\$1,600	\$1,800	\$2,000	No Discount
Birth Control Devices	\$25 ((\$15 Birth control shot Depo Provera)	50% Discount	40% Discount	30% Discount	20% Discount	No Discount
1	\$ 0 - \$ 14,580	\$ 14,581 - \$ 19,391	\$ 19,392 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 and up
2	\$ 0 - \$ 19,720	\$ 19,721 - \$ 26,228	\$ 26,229 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 and up
3	\$ 0 - \$ 24,860	\$ 24,861 - \$ 33,064	\$ 33,065 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 and up
4	\$ 0 - \$ 30,000	\$ 30,001 - \$ 39,900	\$ 39,901 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 and up
5	\$ 0 - \$ 35,140	\$ 35,141 - \$ 46,736	\$ 46,737 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 and up
6	\$ 0 - \$ 40,280	\$ 40,281 - \$ 53,572	\$ 53,573 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 and up
7	\$ 0 - \$ 45,420	\$ 45,421 - \$ 60,409	\$ 60,410 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 and up
8	\$ 0 - \$ 50,560	\$ 50,561 - \$ 67,245	\$ 67,246 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$101,121 and up
Additional Persons	+ \$5,140/person	+ \$6,836/person	+ \$7,710/person	+ \$8,995/person	+ \$10,280/person	+ \$10,280/person

SPECIAL IMMUNOLOGY ASSOCIATES (SIA)		Annual Caps on Charges (HRSA Ryan White)			
PAYER RYAN WHITE		Annual Caps on Charges (HRSA Ryan White)			
2023 Federal Poverty Guidelines		Annual Caps on Charges (HRSA Ryan White)			
Medical, Behavioral Health, Dental, Radiology, Lab, etc.	See Caps on Charges for 201% to 300% FPL and Over 300% FPL. If no income, collect \$0.	Federal Poverty:	Total Charge:	Annual Income (2023 FPL)	Cap:
Household Size	LESS THAN 400% FPL	At or below 100% FPL	\$0	0 to \$14,580	\$0
1	\$58,320	101% to 200% FPL	No more than 5% gross annual income	>\$14,581 - \$29,160	\$1,458.00
2	\$78,880	201% to 300% FPL	No more than 7% gross annual income	>\$29,161 - \$43,740	\$3,061.80
3	\$99,440	Over 300% FPL	No more than 10% gross annual income	>\$43,741	\$4,374.10
4	\$120,000				
5	\$140,480				
6	\$161,120				
7	\$181,680				
8	\$202,240				