

**HEART OF THE ROCKIES REGIONAL MEDICAL CENTER CLINICS
SLIDING FEE SCALE FOR SELF PAY & UNINSURED PATIENTS**

PERCENT OF DISCOUNT APPLIED TO PREVAILING CHARGE FOR SERVICES RENDERED AND ACCORDING TO INCOME									
	\$25 clinic fee	50% discount	45% discount	40% discount	35% discount	30% discount	25% discount	20% discount	15% discount
	PERCENT OF POVERTY GUIDELINE								
Family Size *	≤100%	101% - 120%	121% - 140%	141% - 160%	161% - 180%	181% - 200%	201% - 220%	221% - 240%	241% - 250%
1	11,880	14,256	16,632	19,008	21,384	23,760	26,136	28,512	29,700
2	16,020	19,224	22,428	25,632	28,836	29,140	32,054	34,968	40,050
3	20,160	24,192	28,224	32,256	36,288	36,620	40,282	43,944	50,400
4	24,300	29,160	34,020	38,880	43,740	44,100	48,510	52,920	60,750
5	28,440	34,128	39,816	45,504	51,192	51,580	56,738	61,896	71,100
6	32,580	39,096	45,612	52,128	58,644	59,060	64,966	70,872	81,450
7	36,730	44,076	51,422	58,768	66,114	66,540	73,194	79,848	91,825
8	40,890	49,068	57,246	65,424	73,602	74,020	81,422	88,824	102,225

* For family units of more than 8 members, add \$4,160 for each additional member