

Lake Chelan Community Hospital and Clinics Sliding Fee Schedule

2019	100% US FPL	200%	250%	300%	Over 300%
PATIENT DISCOUNT	100%	80%	60%	40%	0%
PATIENT OWES	0%	20%	40%	60%	100%
FAMILY SIZE					
1	\$ 12,490.00	\$ 18,735	\$ 24,980	\$ 31,225	
2	\$ 16,910.00	\$ 25,365	\$ 33,820	\$ 42,275	
3	\$ 21,330.00	\$ 31,995	\$ 42,660	\$ 53,325	
4	\$ 25,750.00	\$ 38,625	\$ 51,500	\$ 64,375	
5	\$ 30,170.00	\$ 45,255	\$ 60,340	\$ 75,425	
6	\$ 34,590.00	\$ 51,885	\$ 69,180	\$ 86,475	
7	\$ 39,010.00	\$ 58,515	\$ 78,020	\$ 97,525	
8	\$ 43,430.00	\$ 65,145	\$ 86,860	\$ 108,575	

For families/households with more than 8 persons, add \$4,420 for each additional person.

Based on 2019 Federal Poverty Guidelines
Revised 09/2019

To determine discount eligibility:

1. Count the number of persons in the household;
 - a. For persons 18 years of age and older, spouse, domestic partner, and dependent children under 21 years of age, whether living at home or not that are claimed as a dependent on their most recent tax return.
 - b. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker.
2. Calculate the household income using gross income;
3. Sliding across the row corresponding to the number of persons in the family/household above, stop in the first bucket that has an amount greater than the gross household income;
4. At the top of that column, the % discount displayed is the qualified discount.