

REGIONAL HEALTH & REGIONAL MENTAL HEALTH

ABILITY TO PAY SCHEDULE

Effective 4/1/16

(Co-Pay amount is % of standard full fee and subject to minimum charge per visit which varies according to type of service)

Client Co-Pay %	Client Discount %	Family Size / Income											
		1	2	3	4	5	6	7	8	9	10		
0%	100%	11,880	16,020	20,160	24,300	28,440	32,580	36,730	40,890	45,050	49,210	OR LESS	
20%	80%	14,256	19,224	24,192	29,160	34,128	39,096	44,076	49,068	54,060	59,052	OR LESS	
40%	60%	16,632	22,428	28,224	34,020	39,816	45,612	51,422	57,246	63,070	68,894	OR LESS	
60%	40%	19,008	25,632	32,256	38,880	45,504	52,128	58,768	65,424	72,080	78,736	OR LESS	
80%	20%	21,384	28,836	36,288	43,740	51,192	58,644	66,114	73,602	81,090	88,578	OR LESS	
95%	5%	23,760	32,040	40,320	48,600	56,880	65,160	73,460	81,780	90,100	98,420	OR LESS	
100%	0%	23,760	32,040	40,320	48,600	56,880	65,160	73,460	81,780	90,100	98,420	GREATER THAN	

Note: For households greater than 8 persons, add 4,160 to the top line, 4,992 to the second line, 5,824 to the third line, 6,656 to the fourth line, 7,488 to the fifth line, and 8,320 to the last two lines, times the number of additional members