

South Arkansas Regional Health Center - Sliding Fee Scale

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level *	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Discount	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
Client Pays	\$10.00	\$10.00	P10	P20	P30	P40	P50	P60	P70	P80	P90	Full Fees
Family Size												
1	\$13,590	\$14,949	\$16,308	\$17,667	\$19,026	\$20,385	\$21,744	\$23,103	\$24,462	\$25,821	\$27,180	\$27,181
2	\$18,310	\$20,141	\$21,972	\$23,803	\$25,634	\$27,465	\$29,296	\$31,127	\$32,958	\$34,789	\$36,620	\$36,621
3	\$23,030	\$25,333	\$27,636	\$29,939	\$32,242	\$34,545	\$36,848	\$39,151	\$41,454	\$43,757	\$46,060	\$46,061
4	\$27,750	\$30,525	\$33,300	\$36,075	\$38,850	\$41,625	\$44,400	\$47,175	\$49,950	\$52,725	\$55,500	\$55,501
5	\$32,470	\$35,717	\$38,964	\$42,211	\$45,458	\$48,705	\$51,942	\$55,199	\$58,446	\$61,693	\$64,940	\$64,941
6	\$37,190	\$40,909	\$44,628	\$48,347	\$52,066	\$55,785	\$59,504	\$63,223	\$66,942	\$70,661	\$74,380	\$74,381
7	\$41,910	\$46,101	\$50,292	\$54,483	\$58,674	\$62,865	\$67,056	\$71,247	\$75,438	\$79,629	\$83,820	\$83,821
8	\$46,630	\$51,293	\$55,956	\$60,619	\$65,282	\$69,945	\$74,608	\$79,271	\$83,934	\$88,597	\$93,260	\$93,261
For each additional person, add	\$4,720	\$5,192	\$5,664	\$6,136	\$6,608	\$7,080	\$7,552	\$8,024	\$8,496	\$8,968	\$9,440	\$9,440

* Based on 2022 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

** Poverty Guidelines should be reviewed annually - SARHC Sliding Fee Scale Effective July 1 annually and/or as guidelines change

*** Nominal fee for all services is \$10.00