MOUNTAIN COUNTIES EIP & EIS PROGRAMS
Primary Care Fee Schedule

The following copayment fee schedule must be used for primary care services not covered by a third party payer. No person whose gross family income is at or below 100 percent of the federal poverty level will be subject to copayment as indicated below*:

Family Size	Annual Income at 100% of federal poverty	Monthly Income at 100% of federal poverty
1-person family	$11,170	$930
2-person family	$15,130	$1,260
3-person family	$19,090	$1,590
4-person family	$23,050	$1,920
5-person family	$27,010	$2,250
6-person family	$30,970	$2,580
7-person family	$34,930	$2,910
8-person family	$38,890	$3,240

Note: for families with more than eight members, add $3,960 for each additional member.

For individuals or families whose income is between 100 and 200 percent the federal poverty level, a 10% copayment will be required for any primary care services that are not covered by a third party payer. For individuals or families whose income is between 200 and 300 percent the federal poverty level, a 15% copayment will be required for any primary care services that are not covered by a third party payer. For individuals or families whose income is above 300 percent the federal poverty level, a 20% copayment will be required for any primary care services that are not covered by a third party payer. The copayment requirement will be determined at enrollment and will be billed to the client when the charges are accrued. The inability of the client to pay all or part of the copayment fee shall not be cause to deny access to primary care services.

The annual cap on client charges related to HIV primary medical care are:

100% and 200% of poverty -- 5% of their yearly gross income (YGI)
200% and 300% of poverty -- 7% of their yearly gross income (YGI)
above 300% of poverty -- a maximum of 10% of YGI

I understand that, based on my income and health insurance coverage, I may be responsible for paying a percentage (based on the sliding fee scale above) of my medical/lab costs. I also understand that, should I have to pay a percentage of my medical costs, it will be my responsibility to track those costs and report them to the patient coordinator/case manager to ensure that I am not charged beyond my annual cap amount. Any medical cost paid for services received outside the Title III EIS program should be tracked and documented and can be applied to meet my annual cap.

Client Signature: _____ Date: _____

* these figures are based on 2012 HHS Poverty Guidelines. Please use the latest HHS Poverty Guidelines available when determining client fees.