



Chester, IL

**Chester Clinic**

**Steeleville Family Practice**

**Policy Title: RHC Sliding Fee Discount Schedule**

**Effective Date: 2/7/2018; 9/1/2018, 1/1/2019, 8/5/2019, 1/24/2020; Rev 3/2023**

Memorial Hospital Chester Clinic / Steeleville Family Practice uses the Federal Poverty Guidelines in determining an applicant’s eligibility for the Uncompensated Care/Uninsured Discount Program. The amounts of the guidelines typically change each year and are posted in the Federal Register. The Poverty Guideline amounts can be found at <https://www.federalregister.gov>.

Applicants with income higher than 100% of the guidelines, but lower than 216% of the guidelines may qualify for discounted services as follows based on NHSC sliding fee discount schedule (\*):

PERCENT:	DISCOUNT:	PERCENT:	DISCOUNT:	PERCENT:	DISCOUNT:
0% - 125%	100%	146% - 155%	70%	176% - 185%	40%
126% - 135%	90%	156% - 165%	60%	186% - 195%	30%
136% - 145%	80%	166% - 175%	50%	196% - 205%	20%
				206% - 215%	10%

Amounts greater than 215% but less than 301% can only qualify for uninsured discount. \* To determine % of guidelines, take yearly/monthly amounts listed by applicant and divide by yearly/monthly amount allowed. For Uninsured Discount, if income is higher than 300% of guidelines, applicant is ineligible for Uninsured discount. If income amounts are at or below guidelines, an automatic discount is given.

For the year 2023 the guidelines were as follows:

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,480 for each additional person.	
1	\$14,580 / \$1,215 mo
2	\$19,720 / \$1,643 mo
3	\$24,860 / \$2,072 mo
4	\$30,000 / \$2,500 mo
5	\$35,140 / \$2,928 mo
6	\$40,280 / \$3,357 mo
7	\$45,420 / \$3,785 mo
8	\$50,560 / \$4,213 mo

State of Illinois Uninsured Patient Discount for Memorial Hospital: 26%, effective 12.01.2022