


Sliding Fee Discount Scale

	Slide Level A/ Nominal Fee ¹	Slide Level B	Slide Level C	Slide Level D
	≤ 100% FPL	101% - 125% FPL	126% - 150% FPL	151% - 200% FPL
Medical/Behavioral Health/Optomtery Services				
A variety of services fall under this category including adult primary and behavioral care, child and adolescent care, optometry, addiction services, social services, and more.	\$20	\$25	\$30	\$40
Dental Tier 1				
Diagnostic and preventive care procedures including office visit, x-rays, oral evaluation, topical fluoride varnish, etc.	\$20	\$25	\$30	\$40
Dental Tier 2				
Restorative procedures available with an additional fee. Services include sedative filling (aka protective restoration), recement crown, and nitrous oxide.	\$25	\$30	\$35	\$40
Dental Tier 3				
Other dental services, including tooth extraction, scaling for gingivitis inflammation, and application of desensitizing medication, available for an additional fee.	\$40	\$50	\$60	\$70
Maximum Dental Fee				
To help minimize financial burden of dental services, a maximum fee is set for any combination of tiers 1, 2, and 3 for same-visit service.	\$85	\$105	\$125	\$150
<i>¹These are Board-approved nominal fees.</i>				
<i>Cherokee Health Systems acknowledges financial barriers exist above this cut off. Please speak to a patient services represenative to learn more about our flexible billing options. No patient will be denied services due to an inability to pay.</i>				



Eligibility Criteria - CHS Sliding Scale Discount Program

Size of Family Unit	Annual Income Ranges											
	Slide Level A/Nominal Fee ≤ 100% FPL			Slide Level B 101% - 125% FPL			Slide Level C 126% - 150% FPL			Slide Level D 151% - 200% FPL		
1	\$0.00	-	\$ 14,580	\$ 14,581	-	\$ 18,225	\$ 18,226	-	\$ 21,870	\$ 21,871	-	\$ 29,160
2	\$0.00	-	\$ 19,720	\$ 19,721	-	\$ 24,650	\$ 24,651	-	\$ 29,580	\$ 29,581	-	\$ 39,440
3	\$0.00	-	\$ 24,860	\$ 24,861	-	\$ 31,075	\$ 31,076	-	\$ 37,290	\$ 37,291	-	\$ 49,720
4	\$0.00	-	\$ 30,000	\$ 30,001	-	\$ 37,500	\$ 37,501	-	\$ 45,000	\$ 45,001	-	\$ 60,000
5	\$0.00	-	\$ 35,140	\$ 35,141	-	\$ 43,925	\$ 43,926	-	\$ 52,710	\$ 52,711	-	\$ 70,280
6	\$0.00	-	\$ 40,280	\$ 40,281	-	\$ 50,350	\$ 50,351	-	\$ 60,420	\$ 60,421	-	\$ 80,560
7	\$0.00	-	\$ 45,420	\$ 45,421	-	\$ 56,775	\$ 56,776	-	\$ 68,130	\$ 68,131	-	\$ 90,840
8	\$0.00	-	\$ 50,560	\$ 50,561	-	\$ 63,200	\$ 63,201	-	\$ 75,840	\$ 75,841	-	\$ 101,120
For each additional person, add...	\$	5,140		\$	6,425		\$	7,710		\$	10,280	

Effective as of 2/8/2023 using 2023 Federal Poverty Guidelines