

NORTHWEST HEALTH SERVICES, INC.

SLIDING FEE DISCOUNT TABLE 2008 – MEDICAL & BEHAVIORAL HEALTH

| | <100% of Poverty Level | | 100-150% of Poverty Level | 151-200% of Poverty Level | >200% |
|------------------|--|----------------|---------------------------------|---------------------------------|------------------------------|
| | <i>Adults: Copay \$25 (Below 19 yr/Copay\$0)</i> | | <i>Copay \$35.00</i> | <i>Copay \$45.00</i> | <i>Patient Pays 100%</i> |
| POVERTY LEVEL | Family Size | SF Plan A | SF Plan B | SF Plan C | |
| 10,400 | 1 | 0 to 10,400 | 10,401 15,600 | 15,601 20,800 | Over 20,801 |
| 14,000 | 2 | 0 to 14,000 | 14,001 21,000 | 21,001 28,000 | Over 28,001 |
| 17,600 | 3 | 0 to 17,600 | 17,601 26,400 | 26,401 35,200 | Over 35,201 |
| 21,200 | 4 | 0 to 21,200 | 21,201 31,800 | 31,801 42,400 | Over 42,401 |
| 24,800 | 5 | 0 to 24,800 | 24,801 37,200 | 37,201 49,600 | Over 49,601 |
| 28,400 | 6 | 0 to 28,400 | 28,401 42,600 | 42,601 56,800 | Over 56,801 |
| 32,000 | 7 | 0 to 32,000 | 32,001 48,000 | 48,001 64,000 | Over 64,001 |
| 35,600 | 8 * | 0 to 35,600 | 35,601 53,400 | 53,401 71,200 | Over 71,201 |

* For family units with more than 8 members, add \$3,600 for each additional member.

Discounted fees are contingent upon **proof of income** and cannot be authorized without such proof. Completed income tax returns are the **preferred** acceptable proof of income. Any **variances** from this policy must be approved by the Sliding Fee Specialist in advance.