



COMMWELL HEALTH
SLIDING FEE DISCOUNT SCALE

Effective 2/20/17

Household Size*	Eagle Care Tier A Annual Income	Eagle Care Tier B Annual Income	Eagle Care Tier C Annual Income	Eagle Care Tier D Annual Income	Eagle Care Tier E Annual Income	Eagle Care Tier F Annual Income
1	\$0 - \$ 12,060	\$ 12,061 - \$ 15,075	\$ 15,076 - \$ 18,090	\$ 18,091 - \$ 21,105	\$ 21,106 - \$ 24,120	\$ 24,121 - \$ 999,999
2	\$0 - \$ 16,240	\$ 16,241 - \$ 20,300	\$ 20,301 - \$ 24,360	\$ 24,361 - \$ 28,420	\$ 28,421 - \$ 32,480	\$ 32,481 - \$ 999,999
3	\$0 - \$ 20,420	\$ 20,421 - \$ 25,525	\$ 25,526 - \$ 30,630	\$ 30,631 - \$ 35,735	\$ 35,736 - \$ 40,840	\$ 40,841 - \$ 999,999
4	\$0 - \$ 24,600	\$ 24,601 - \$ 30,750	\$ 30,751 - \$ 36,900	\$ 36,901 - \$ 43,050	\$ 43,051 - \$ 49,200	\$ 49,201 - \$ 999,999
5	\$0 - \$ 28,780	\$ 28,781 - \$ 35,975	\$ 35,976 - \$ 43,170	\$ 43,171 - \$ 50,365	\$ 50,366 - \$ 57,560	\$ 57,561 - \$ 999,999
6	\$0 - \$ 32,960	\$ 32,961 - \$ 41,200	\$ 41,201 - \$ 49,440	\$ 49,441 - \$ 57,680	\$ 57,681 - \$ 65,920	\$ 65,921 - \$ 999,999
7	\$0 - \$ 37,140	\$ 37,141 - \$ 46,425	\$ 46,426 - \$ 55,710	\$ 55,711 - \$ 64,995	\$ 64,996 - \$ 74,280	\$ 74,281 - \$ 999,999
8	\$0 - \$ 41,320	\$ 41,321 - \$ 51,650	\$ 51,651 - \$ 61,980	\$ 61,981 - \$ 72,310	\$ 72,311 - \$ 82,640	\$ 82,641 - \$ 999,999

*For each additional person, add: \$4,180 to the total income allowable at Slide Fee A

Basic Services	Nominal Fee	% Payment	% Payment	% Payment	% Payment	% Payment
Medical Nutrition Therapy	\$5	30% or \$6	45% or \$7	60% or \$8	85% or \$9	Full Pay
Medical Services	\$30	30% or \$31	45% or \$32	60% or \$33	85% or \$34	Full Pay
Behavioral Health Services	\$30	30% or \$31	45% or \$32	60% or \$33	85% or \$34	Full Pay
Dental Services	\$50	30% or \$51	45% or \$52	60% or \$53	85% or \$54	Full Pay
Medical Ancillary Services (added to nominal fee)						
Labs & Immunizations	\$7	\$8	\$9	\$10	\$11	Full Pay
X-Rays & Ultrasounds	\$10	\$12	\$14	\$16	\$18	Full Pay
Dental Ancillary Services (added to nominal fee)						
Repairs & Relines	\$100	30% or \$101	45% or \$102	60% or \$103	85% or \$104	Full Pay
Space Maintainer	\$110	30% or \$111	45% or \$112	60% or \$113	85% or \$114	Full Pay
Occlusal Guard	\$110	30% or \$111	45% or \$112	60% or \$113	85% or \$114	Full Pay
Crowns (each)	\$150	30% or \$151	45% or \$152	60% or \$153	85% or \$154	Full Pay
Bridges (per unit)	\$180	30% or \$181	45% or \$182	60% or \$183	85% or \$184	Full Pay
Dentures: Upper, Lower, & Partial	\$360	30% or \$361	45% or \$362	60% or \$363	85% or \$364	Full Pay
Valplast Dentures	\$500	30% or \$501	45% or \$502	60% or \$503	85% or \$504	Full Pay

Payment plan options are available as needed. Please see the front desk staff for more information.