

SLIDING SCALE FEE SCHEDULE – 6 OF 6

Updated 8/15/19

Maple Street Clinic
109 E. Maple
Gillespie, IL 62033
217-839-1526 – Medical/Behavioral
217-839-4110 – Dental



Morgan Street Clinic
1115 Morgan Street
Carlinville, IL 62626
217-854-3692 – Medical/Behavioral
217-854-6823 – Dental

2019 Sliding Fee Schedule – Behavioral & Recovery

Family Size	Level 1	Level 2	Level 3	Level 4	Level 5	Full Fee, No Discount
1	\$0-\$12,490	\$12,491-\$15,613	\$15,614-\$18,735	\$18,736-\$21,858	\$21,859-\$24,980	>\$24,981
2	\$0-\$16,910	\$16,911-\$21,138	\$21,139-\$25,365	\$25,366-\$29,593	\$29,594-\$33,820	>\$33,820
3	\$0-\$21,330	\$21,331-\$26,663	\$26,664-\$31,995	\$31,996-\$37,328	\$37,329-\$42,660	>\$42,661
4	\$0-\$25,750	\$25,751-\$32,188	\$32,189-\$38,625	\$38,626-\$45,063	\$45,064-\$51,500	>\$51,501
5	\$0-\$30,170	\$30,171-\$37,713	\$37,714-\$45,255	\$45,256-\$52,798	\$52,799-\$60,340	>\$60,341
6	\$0-\$34,590	\$34,591-\$43,238	\$43,239-\$51,885	\$51,886-\$60,533	\$60,534-\$69,180	>\$69,181
7	\$0-\$39,010	\$39,011-\$48,763	\$48,764-\$58,515	\$58,516-\$68,268	\$68,269-\$78,020	>\$78,021
8	\$0-\$43,430	\$43,431-\$54,288	\$54,289-\$65,145	\$65,146-\$76,003	\$76,004-\$86,860	>\$86,861
Minimum Due	\$0 * Minimum Fee Due	\$20 * Minimum Fee Due	\$25 * Minimum Fee Due	\$30 * Minimum Fee Due	\$35 * Minimum Fee Due	**See Prompt Pay Policy

**For Families /Households with more than 8 persons, for each additional person add

\$ 4,420.00 to annual income

\$ 368.33 to monthly income

\$ 85.00 to weekly income

Definition of Family/Household: One or more adults and children related by blood or law and residing in the same household. Where adults other than the spouse reside together each should be considered a separate family.

I, _____ acknowledge that Maple Street Clinic and Morgan Street Clinic’s Sliding Fee Discount policy has been communicated to me. I understand that payment is due at time of service. I agree to accept the terms of the Maple Street Clinic and Morgan Street Clinic Sliding Fee Schedule and its policies.

Signature (Patient and/or Responsible Party)

Date

Income has been verified and patient currently falls under Level _____.

MSC Staff Signature

Date

*The minimum fee due does not include any services that incur outside charges. Some procedures are not covered under the sliding scale discount fee.

**Prompt Pay Adjustment Policy - Patients above the 200% federal poverty level have the option to pay under the Prompt Pay Adjustment Policy, requiring a \$50 same day of service payment. They receive a same day-of-service discounted adjustment.