

Humboldt County Sliding Fee Scale
Humboldt County Community Clinic
 Fiscal Year 2023-2024

	40	40	60	60	80	80	100
FamilySize	From	To	From	To	From	To	Full
1	\$0.00	\$21,870.00	\$21,871.00	\$25,515.00	\$25,516.00	\$29,159.00	\$29,160.00
2	\$0.00	\$29,580.00	\$29,581.00	\$34,510.00	\$34,511.00	\$39,439.00	\$39,440.00
3	\$0.00	\$37,290.00	\$37,291.00	\$43,505.00	\$43,506.00	\$49,719.00	\$49,720.00
4	\$0.00	\$45,000.00	\$45,001.00	\$52,500.00	\$52,501.00	\$59,999.00	\$60,000.00
5	\$0.00	\$52,710.00	\$52,711.00	\$61,495.00	\$61,496.00	\$70,279.00	\$70,280.00
6	\$0.00	\$60,420.00	\$60,421.00	\$70,490.00	\$70,491.00	\$80,559.00	\$80,560.00
7	\$0.00	\$68,130.00	\$68,131.00	\$79,485.00	\$79,486.00	\$90,839.00	\$90,840.00
8	\$0.00	\$75,840.00	\$75,841.00	\$88,480.00	\$88,481.00	\$101,119.00	\$101,120.00
9	\$0.00	\$83,550.00	\$83,551.00	\$97,475.00	\$97,476.00	\$111,399.00	\$111,400.00
10	\$0.00	\$91,260.00	\$91,261.00	\$106,470.00	\$106,471.00	\$121,679.00	\$121,680.00
11	\$0.00	\$98,970.00	\$98,971.00	\$115,465.00	\$115,466.00	\$131,959.00	\$131,960.00
12	\$0.00	\$106,680.00	\$106,681.00	\$124,460.00	\$124,461.00	\$142,239.00	\$142,240.00

Identify total charge of office visit from chart above.

The sliding fee scale is updated annually to be consistent with the 200% Federal Poverty Rate.

Fee Waiver Criteria for Sexual Health Services

Sliding fee scale will be used for Self Pay clients that express inability to pay. At discretion of the clinic supervisor, fees can be waived all together.

Fee Waiver Criteria for 317 Admin Fee

If the individual is unable to pay the administration fee, the vaccine dose will not be denied and the administration fee will be waived. This waiver is

Outside Lab Fee Criteria

Outside lab testing will be billed to Public Health on behalf of the client for those who are uninsured or under insured with high co-pay.