



ROCK RIVER
COMMUNITY CLINIC
PORT ATKINSON • JEFFERSON • WATERTOWN • WHITEWATER

Sliding Fee / Discount Schedule

Effective December 1, 2021

Annual & Monthly Income Thresholds by Family for Sliding Fee/Discount Policy Coverage for Services Charged

2021 Annual

Household /Family Size	FQHC Tier 4 0-100%FPL		FQHC Tier 3 100.01-132.99%FPL		FQHC Tier 2 133-165.99% FPL		FQHC Tier 1 166-200.00% FPL		FQHC Tier 0 Over 200% FPL
	0%	100.00%	100.01%	132.99%	133.00%	165.99%	166.0%	200.00%	200.01%
1	0.00	\$12,880	12,881	17,129	17,130	21,380	21,381	25,760	25,761
2	0.00	\$17,420	17,422	23,167	23,169	28,915	28,917	34,840	34,842
3	0.00	\$21,960	21,962	29,205	29,207	36,451	36,454	43,920	43,922
4	0.00	\$26,500	26,503	35,242	35,245	43,987	43,990	53,000	53,003
5	0.00	\$31,040	31,043	41,280	41,283	51,523	51,526	62,080	62,083
6	0.00	\$35,580	35,584	47,318	47,321	59,059	59,063	71,160	71,164
7	0.00	\$40,120	40,124	53,356	53,360	66,595	66,599	80,240	80,244
8	0.00	\$44,660	44,664	59,393	59,398	74,131	74,136	89,320	89,324
9	0.00	\$49,200	49,205	65,431	65,436	81,667	81,672	98,400	98,405
10	0.00	\$53,740	53,745	71,469	71,474	89,203	89,208	107,480	107,485
Service	FQHC Tier 4 0-100%FPL		FQHC Tier 3 100.01-132.99%FPL		FQHC Tier 2 133-165.99% FPL		FQHC Tier 1 166-200.00% FPL		FQHC Tier 0 Over 200% FPL
	Nominal Fee		Flat Fee						
<i>Fee for Office Visit (Any Medical and Diabetic Education)</i>	\$0		\$10		\$15		\$20		\$30 upfront Full charge
<i>Fee for Behavioral Health</i>	\$0		\$5		\$10		\$15		\$30 upfront Full charge
<i>Fee for Nurse, Lab Only Visit or Nutrition</i>	\$0		\$5		\$5		\$5		\$30 upfront Full charge
<i>Fee for Health Navigation</i>	\$0		\$0		\$0		\$0		\$0
<i>Covid Vaccine</i>	\$0		\$0		\$0		\$0		\$0
<i>Elective Procedures*</i>	Fee Minus 90%		Fee Minus 80%		Fee Minus 70%		Fee Minus 60%		No Discount

** Includes Point of Care waived lab test