



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

2022 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	\$13,590	13,591	18,073	18,075	22,558	22,559	27,180	27,181
2	0.00	\$18,310	18,312	24,350	24,352	30,393	30,395	36,620	36,622
3	0.00	\$23,030	23,032	30,628	30,630	38,227	38,230	46,060	46,062
4	0.00	\$27,750	27,753	36,905	36,908	46,062	46,065	55,500	55,503
5	0.00	\$32,470	32,473	43,182	43,185	53,897	53,900	64,940	64,943
6	0.00	\$37,190	37,194	49,459	49,463	61,732	61,735	74,380	74,384
7	0.00	\$41,910	41,914	55,736	55,740	69,566	69,571	83,820	83,824
8	0.00	\$46,630	46,635	62,013	62,018	77,401	77,406	93,260	93,265
9	0.00	\$51,350	51,355	68,290	68,296	85,236	85,241	102,700	102,705
10	0.00	\$56,070	56,076	74,567	74,573	93,071	93,076	112,140	112,146
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

2022 Monthly

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% FPL		FQHC Tier 0 Over 200% FPL
	0%	100%	100.01%	132.99%	133.00%	165.99%	166.00%	200.00%	200.01%
1	\$0.00	\$1,133	1,133	1,507	1,507	1,881	1,881	2,266	2,266
2	\$0.00	\$1,526	1,526	2,029	2,030	2,533	2,533	3,052	3,052
3	\$0.00	\$1,919	1,919	2,552	2,552	3,185	3,186	3,838	3,838
4	\$0.00	\$2,313	2,313	3,076	3,076	3,839	3,840	4,626	4,626
5	\$0.00	\$2,706	2,706	3,599	3,599	4,492	4,492	5,412	5,412
6	\$0.00	\$3,099	3,099	4,121	4,122	5,144	5,144	6,198	6,198
7	\$0.00	\$3,493	3,493	4,645	4,646	5,798	5,798	6,986	6,986
8	\$0.00	\$3,886	3,886	5,168	5,168	6,450	6,451	7,772	7,772
9	\$0.00	\$4,279	4,279	5,691	5,691	7,103	7,103	8,558	8,558
10	\$0.00	\$4,673	4,673	6,215	6,215	7,757	7,757	9,346	9,346
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