



ROCK RIVER COMMUNITY CLINIC

FORT ATKINSON • JEFFERSON • WATERTOWN • WHITEWATER

RRCC Sliding Fee / Discount Schedule 2023 Annual

Household /Family Size	Percent of the Federal Poverty Guidelines								
	Tier 4		Tier 3		Tier 2		Tier 1		Tier 0
	0% - 100%		100.01% - 132.99%		133% - 165.99%		166% - 200%		200.01% & above
1	0	\$14,580	\$14,580	\$19,390	\$19,391	\$24,201	\$24,202	\$29,159	\$29,160
2	0	\$19,720	\$19,720	\$26,227	\$26,228	\$32,734	\$32,735	\$39,439	\$39,440
3	0	\$24,860	\$24,860	\$33,063	\$33,064	\$41,266	\$41,267	\$49,720	\$49,720
4	0	\$30,000	\$30,000	\$39,899	\$39,900	\$49,799	\$49,800	\$59,999	\$60,000
5	0	\$35,140	\$35,140	\$46,735	\$46,736	\$58,331	\$58,332	\$70,279	\$70,280
6	0	\$40,280	\$40,280	\$53,571	\$53,572	\$66,864	\$66,865	\$80,559	\$80,560
7	0	\$45,420	\$45,420	\$60,408	\$60,409	\$75,396	\$75,397	\$90,839	\$90,840
8	0	\$50,560	\$50,560	\$67,244	\$67,245	\$83,928	\$83,929	\$101,119	\$101,120
9	0	\$55,700	\$55,700	\$74,080	\$74,081	\$92,461	\$92,462	\$111,399	\$111,400
10	0	\$60,840	\$60,840	\$80,916	\$80,918	\$100,993	\$100,994	\$121,679	\$121,680



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	Nominal Fee	Flat Rate Medical Charge			
	Tier 4	Tier 3	Tier 2	Tier 1	Tier 0
	Nominal Fee	Flat Rate Medical Charge			
Fee for Medical Office Visit	\$0	\$10	\$15	\$20	\$30 upfront Full charge
Fee for Behavioral Health	\$0	\$10	\$15	\$20	\$30 upfront Full charge
Fee for Diabetic Education or Nutrition	\$0	\$5	\$10	\$15	\$20 upfront Full charge
Fee for Nurse or Lab only Visit	\$0	\$5	\$8	\$10	\$15 upfront Full charge
	Nominal Fee	Dental Rate			
Fee for Dental Office Visit	\$30	Fee minus 70%	Fee minus 65%	Fee minus 60%	Full charge
Fee for Advanced Dental Visit*	Fee minus 60%	Fee minus 50%	Fee minus 40%	Fee minus 30%	Full charge

*Please see financial assistance policy for advanced dental visit codes (i.e., extractions requiring alveoplasty, crowns, root canals)