

**KIOWA COUNTY HOSPITAL DISTRICT
2024 SLIDING FEE SCALE**

	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges	Billed % Of Charges
Family Size	Minimum Fee/\$10.00	20%	40%	60%	80%	100% full fee
1	\$0 - \$15,060	\$15,061 – \$18,825	\$18,826 – \$22,590	\$22,591 – \$26,355	\$26,356 – \$30,120	\$20,121 and above
2	\$0 – 20,440	\$20,441 – \$25,550	\$25,551 – \$30,660	\$30,661 – \$35,770	\$35,771 – \$40,880	\$40,881 and above
3	\$0 - \$25,820	\$25,821 – \$32,275	\$32,276 – \$38,730	\$38,731 – \$45,185	\$45,186 – \$51,640	\$51,641 and above
4	\$0 - \$31,200	\$31,201 – \$39,000	\$39,001 – \$46,800	\$46,801 – \$54,600	\$54,601 – \$62,400	\$62,401 and above
For each Additional Family Member	+\$5,380	+\$6,725	+\$8,070	+\$9,415	+\$10,760	
Target Population	To 100% of poverty	To 125% of poverty	To 150% of poverty	To 175% of poverty	To 200% of poverty	Over 200% of poverty

Patients should be made aware that there are minimums, which will be required from them such as clinic office visits \$10.00 and \$10.00 for hospital/emergency room visit, even if they qualify for the maximum discount possible.

Based on Federal poverty guidelines released January 2024.