

Humboldt County Sliding Fee Scale
Humboldt County Community Clinic
Fiscal Year 2025-2026

| | 40 | 40 | 60 | 60 | 80 | 80 | 100 |
|------------|--------|--------------|--------------|--------------|--------------|--------------|--------------|
| FamilySize | From | To | From | To | From | To | Full |
| 1 | \$0.00 | \$21,910.00 | \$21,911.00 | \$25,040.00 | \$25,041.00 | \$28,170.00 | \$31,300.00 |
| 2 | \$0.00 | \$29,610.00 | \$29,611.00 | \$33,840.00 | \$33,841.00 | \$38,070.00 | \$42,300.00 |
| 3 | \$0.00 | \$37,310.00 | \$37,311.00 | \$42,640.00 | \$42,641.00 | \$47,970.00 | \$53,300.00 |
| 4 | \$0.00 | \$45,010.00 | \$45,011.00 | \$51,440.00 | \$51,441.00 | \$57,870.00 | \$64,300.00 |
| 5 | \$0.00 | \$52,710.00 | \$52,711.00 | \$60,240.00 | \$60,241.00 | \$67,770.00 | \$75,300.00 |
| 6 | \$0.00 | \$60,410.00 | \$60,411.00 | \$69,040.00 | \$69,041.00 | \$77,670.00 | \$86,300.00 |
| 7 | \$0.00 | \$68,110.00 | \$68,111.00 | \$77,840.00 | \$77,841.00 | \$87,570.00 | \$97,300.00 |
| 8 | \$0.00 | \$75,810.00 | \$75,811.00 | \$86,640.00 | \$86,641.00 | \$97,470.00 | \$108,300.00 |
| 9 | \$0.00 | \$83,510.00 | \$83,511.00 | \$95,440.00 | \$95,441.00 | \$107,370.00 | \$119,300.00 |
| 10 | \$0.00 | \$91,210.00 | \$91,211.00 | \$104,240.00 | \$104,241.00 | \$117,270.00 | \$130,300.00 |
| 11 | \$0.00 | \$98,910.00 | \$98,911.00 | \$113,040.00 | \$113,041.00 | \$127,170.00 | \$141,300.00 |
| 12 | \$0.00 | \$106,610.00 | \$106,611.00 | \$121,840.00 | \$121,841.00 | \$137,070.00 | \$152,300.00 |

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 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 mandated by California Department of Public Health provider agreement.
<https://eziz.org/assets/docs/pharmacy/317ProviderAgreementLHDs.pdf>

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.
This option **should not** be used for those who have Medi-Cal/Partnership or private insurance with responsible co-pay amount.