

**Humboldt County Sliding Fee Scale  
Humboldt County Community Clinic  
Fiscal Year 2024-2025**

FamilySize	40	40	60	60	80	80	100
	From	To	From	To	From	To	Full
1	\$0.00	\$22,590.00	\$22,591.00	\$26,355.00	\$26,356.00	\$30,119.00	\$30,120.00
2	\$0.00	\$30,660.00	\$30,661.00	\$35,770.00	\$35,771.00	\$40,879.00	\$40,880.00
3	\$0.00	\$38,730.00	\$38,731.00	\$45,185.00	\$45,186.00	\$51,639.00	\$51,640.00
4	\$0.00	\$46,800.00	\$46,801.00	\$54,600.00	\$54,601.00	\$62,399.00	\$62,400.00
5	\$0.00	\$54,870.00	\$54,871.00	\$64,015.00	\$64,016.00	\$73,159.00	\$73,160.00
6	\$0.00	\$62,940.00	\$62,941.00	\$73,430.00	\$73,431.00	\$83,919.00	\$83,920.00
7	\$0.00	\$71,010.00	\$71,011.00	\$82,845.00	\$82,846.00	\$94,679.00	\$94,680.00
8	\$0.00	\$79,080.00	\$79,081.00	\$92,260.00	\$92,261.00	\$105,439.00	\$105,440.00
9	\$0.00	\$87,150.00	\$87,151.00	\$101,675.00	\$101,676.00	\$116,199.00	\$116,200.00
10	\$0.00	\$95,220.00	\$95,221.00	\$111,090.00	\$111,091.00	\$126,959.00	\$126,960.00
11	\$0.00	\$103,290.00	\$103,291.00	\$120,505.00	\$120,506.00	\$137,719.00	\$137,720.00
12	\$0.00	\$111,360.00	\$111,361.00	\$129,920.00	\$129,921.00	\$148,479.00	\$148,480.00

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 Sexual Health Services**

Sliding fee scale will be used for Self Pay clients that express inability to pay. At discretion of the clinic supervisor, fees can be waived all together. If fees are waived, supervisor must provide justification in Patagonia. Justifications are based on a "write off reasons table" created by clinic staff. Fiscal is responsible for providing a quarterly report for total amount of fees waived. This report should also provide total based on reasoning. This should be presented to the health officer, program manager, clinic supervisor, and Public Health Director at quarterly billing meeting.

**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.