



# ALABAMA REGIONAL MEDICAL SERVICES

Welcoming you with open ARMS

## BEHAVIORAL HEALTH SLIDING FEE SCHEDULE

Based on 2021 Federal Poverty Guidelines

Discount	100%	80%	70%	60%	50%	No Discount
Nominal Fee - Counselor	\$5	\$10	\$15	\$20	\$25	Full Pay
Nominal Fee - Psychiatric Provider	\$35	\$40	\$45	\$50	\$55	Full Pay
Poverty Level	A	B	C	D	E	F
1	0 - \$12,880	\$12,881-\$16,101	\$16,102-\$19,322	\$19,323-\$22,543	\$22,544-\$25,764	\$25,765
2	0 - \$17,420	\$17,421-\$21,776	\$21,777-\$26,132	\$26,133-\$30,488	\$30,489-\$34,844	\$34,845
3	0 - \$21,960	\$21,961-\$27,451	\$27,452-\$32,942	\$32,943-\$38,433	\$38,434-\$43,924	\$43,925
4	0 - \$26,500	\$26,501-\$33,126	\$33,127-\$39,752	\$39,753-\$46,378	\$46,379-\$53,004	\$53,005
5	0 - \$31,040	\$31,041-\$38,801	\$38,802-\$46,562	\$46,563-\$54,323	\$54,324-\$62,084	\$62,085
6	0 - \$35,580	\$35,581-\$44,476	\$44,477-\$53,372	\$53,373-\$62,268	\$62,269-\$71,164	\$71,165
7	0 - \$40,120	\$40,121-\$50,151	\$50,152-\$60,182	\$60,183-\$70,213	\$70,214-\$80,244	\$80,245
8	0 - \$44,660	\$44,661-\$55,826	\$55,827-\$66,992	\$66,993-\$78,158	\$78,159-\$89,324	\$89,325
Each additional person, add	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080	\$9,080

Nominal/Minimum fee only covers your office visit.

Labs, X-rays, shots, supplies, and prescriptions are not covered under the nominal/minimum fee.

Any balance due after office visit will be billed.

Sliding fee schedule is offered depending upon family size and income.

This practice serves all patients regardless of inability to pay.



**ESCALA DE DESCUENTO SALUD MENTAL Y DE COMPORTAMIENTO**

Basada en las Pautas Federales de Pobreza del 2021

Descuento	100%	80%	70%	60%	50%	No Discount
Tarifa Nominal - Counselor	\$5	\$10	\$15	\$20	\$25	Full Pay
Tarifa Nominal - Psychiatric Provider	\$35	\$40	\$45	\$50	\$55	Full Pay
<b>Nivel de Pobreza</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
1	0 - \$12,880	\$12,881-\$16,101	\$16,102-\$19,322	\$19,323-\$22,543	\$22,544-\$25,764	\$25,765
2	0 - \$17,420	\$17,421-\$21,776	\$21,777-\$26,132	\$26,133-\$30,488	\$30,489-\$34,844	\$34,845
3	0 - \$21,960	\$21,961-\$27,451	\$27,452-\$32,942	\$32,943-\$38,433	\$38,434-\$43,924	\$43,925
4	0 - \$26,500	\$26,501-\$33,126	\$33,127-\$39,752	\$39,753-\$46,378	\$46,379-\$53,004	\$53,005
5	0 - \$31,040	\$31,041-\$38,801	\$38,802-\$46,562	\$46,563-\$54,323	\$54,324-\$62,084	\$62,085
6	0 - \$35,580	\$35,581-\$44,476	\$44,477-\$53,372	\$53,373-\$62,268	\$62,269-\$71,164	\$71,165
7	0 - \$40,120	\$40,121-\$50,151	\$50,152-\$60,182	\$60,183-\$70,213	\$70,214-\$80,244	\$80,245
8	0 - \$44,660	\$44,661-\$55,826	\$55,827-\$66,992	\$66,993-\$78,158	\$78,159-\$89,324	\$89,325
Por cada persona adicional, añadir	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080	\$9,080

La tarifa mínima/ nominal solo cubre su visita médica.

Laboratorios, Rayos- X, vacunas, suministros y recetas no están cubiertas por la tarifa mínima nominal.

Cualquier balance pendiente después de su visita médica será facturado.

La escala de descuento es ofrecida dependiendo el tamaño familiar y los ingresos.

Esta Práctica sirve a todos los pacientes independientemente de la imposibilidad de pagar.



# ALABAMA REGIONAL MEDICAL SERVICES

Welcoming you with open ARMS

## DENTAL SLIDING FEE SCHEDULE

Based on 2021 Federal Poverty Guidelines						
Discount	100%	80%	70%	60%	50%	No Discount
Nominal Fee	\$45	\$50	\$55	\$60	\$65	\$100
Poverty Level	A	B	C	D	E	F
1	0 - \$12,880	\$12,881-\$16,101	\$16,102-\$19,322	\$19,323-\$22,543	\$22,544-\$25,764	\$25,765
2	0 - \$17,420	\$17,421-\$21,776	\$21,777-\$26,132	\$26,133-\$30,488	\$30,489-\$34,844	\$34,845
3	0 - \$21,960	\$21,961-\$27,451	\$27,452-\$32,942	\$32,943-\$38,433	\$38,434-\$43,924	\$43,925
4	0 - \$26,500	\$26,501-\$33,126	\$33,127-\$39,752	\$39,753-\$46,378	\$46,379-\$53,004	\$53,005
5	0 - \$31,040	\$31,041-\$38,801	\$38,802-\$46,562	\$46,563-\$54,323	\$54,324-\$62,084	\$62,085
6	0 - \$35,580	\$35,581-\$44,476	\$44,477-\$53,372	\$53,373-\$62,268	\$62,269-\$71,164	\$71,165
7	0 - \$40,120	\$40,121-\$50,151	\$50,152-\$60,182	\$60,183-\$70,213	\$70,214-\$80,244	\$80,245
8	0 - \$44,660	\$44,661-\$55,826	\$55,827-\$66,992	\$66,993-\$78,158	\$78,159-\$89,324	\$89,325
Each additional person, add	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080	\$9,080

Nominal/Minimum fee only covers your office visit.

Labs, X-rays, shots, supplies, and prescriptions are not covered under the nominal/minimum fee.

Any balance due after office visit will be billed.

Sliding fee schedule is offered depending upon family size and income.

This practice serves all patients regardless of inability to pay.

Approved by ARMS Board of Directors: 02/17/2021



# ALABAMA REGIONAL MEDICAL SERVICES

Welcoming you with open ARMS

## ESCALA DE DESCUENTO DENTAL

Basada en las Pautas Federales de Pobreza del 2021						
Descuento	100%	80%	70%	60%	50%	No Discount
Tarifa Nominal	\$45	\$50	\$55	\$60	\$65	\$100
Nivel de Pobreza	A	B	C	D	E	F
1	0 - \$12,880	\$12,881-\$16,101	\$16,102-\$19,322	\$19,323-\$22,543	\$22,544-\$25,764	\$25,765
2	0 - \$17,420	\$17,421-\$21,776	\$21,777-\$26,132	\$26,133-\$30,488	\$30,489-\$34,844	\$34,845
3	0 - \$21,960	\$21,961-\$27,451	\$27,452-\$32,942	\$32,943-\$38,433	\$38,434-\$43,924	\$43,925
4	0 - \$26,500	\$26,501-\$33,126	\$33,127-\$39,752	\$39,753-\$46,378	\$46,379-\$53,004	\$53,005
5	0 - \$31,040	\$31,041-\$38,801	\$38,802-\$46,562	\$46,563-\$54,323	\$54,324-\$62,084	\$62,085
6	0 - \$35,580	\$35,581-\$44,476	\$44,477-\$53,372	\$53,373-\$62,268	\$62,269-\$71,164	\$71,165
7	0 - \$40,120	\$40,121-\$50,151	\$50,152-\$60,182	\$60,183-\$70,213	\$70,214-\$80,244	\$80,245
8	0 - \$44,660	\$44,661-\$55,826	\$55,827-\$66,992	\$66,993-\$78,158	\$78,159-\$89,324	\$89,325
Por cada persona adicional, añadir	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080	\$9,080

La tarifa mínima/ nominal solo cubre su visita médica.

Laboratorios, Rayos- X, vacunas, suministros y recetas no están cubiertas por la tarifa mínima nominal.

Cualquier balance pendiente después de su visita médica será facturado.

La escala de descuento es ofrecida dependiendo el tamaño familiar y los ingresos.

Esta Práctica sirve a todos los pacientes independientemente de la imposibilidad de pagar.

Aprobado por la Junta de Directores 02/17/2021



**MEDICAL SLIDING FEE SCHEDULE**  
Based on 2021 Federal Poverty Guidelines

Discount	100%	80%	70%	60%	50%	No Discount
Nominal Fee	\$35	\$40	\$45	\$50	\$55	\$85
Poverty Level	A	B	C	D	E	F
1	0 - \$12,880	\$12,881-\$16,101	\$16,102-\$19,322	\$19,323-\$22,543	\$22,544-\$25,764	\$25,765
2	0 - \$17,420	\$17,421-\$21,776	\$21,777-\$26,132	\$26,133-\$30,488	\$30,489-\$34,844	\$34,845
3	0 - \$21,960	\$21,961-\$27,451	\$27,452-\$32,942	\$32,943-\$38,433	\$38,434-\$43,924	\$43,925
4	0 - \$26,500	\$26,501-\$33,126	\$33,127-\$39,752	\$39,753-\$46,378	\$46,379-\$53,004	\$53,005
5	0 - \$31,040	\$31,041-\$38,801	\$38,802-\$46,562	\$46,563-\$54,323	\$54,324-\$62,084	\$62,085
6	0 - \$35,580	\$35,581-\$44,476	\$44,477-\$53,372	\$53,373-\$62,268	\$62,269-\$71,164	\$71,165
7	0 - \$40,120	\$40,121-\$50,151	\$50,152-\$60,182	\$60,183-\$70,213	\$70,214-\$80,244	\$80,245
8	0 - \$44,660	\$44,661-\$55,826	\$55,827-\$66,992	\$66,993-\$78,158	\$78,159-\$89,324	\$89,325
Each additional person, add	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080	\$9,080

Nominal/Minimum fee only covers your office visit.  
 Labs, X-rays, shots, supplies, and prescriptions are not covered under the nominal/minimum fee.  
 Any balance due after office visit will be billed.  
 Sliding fee schedule is offered depending upon family size and income.  
 This practice serves all patients regardless of inability to pay.



# ALABAMA REGIONAL MEDICAL SERVICES

Welcoming you with open ARMS

## ESCALA DE DESCUENTO MEDICA

Basada en las Pautas Federales de Pobreza del 2021

Descuento	100%	80%	70%	60%	50%	No Discount
Tarifa Nominal	\$35	\$40	\$45	\$50	\$55	\$85
Nivel de Pobreza	A	B	C	D	E	F
1	0 - \$12,880	\$12,881-\$16,101	\$16,102-\$19,322	\$19,323-\$22,543	\$22,544-\$25,764	\$25,765
2	0 - \$17,420	\$17,421-\$21,776	\$21,777-\$26,132	\$26,133-\$30,488	\$30,489-\$34,844	\$34,845
3	0 - \$21,960	\$21,961-\$27,451	\$27,452-\$32,942	\$32,943-\$38,433	\$38,434-\$43,924	\$43,925
4	0 - \$26,500	\$26,501-\$33,126	\$33,127-\$39,752	\$39,753-\$46,378	\$46,379-\$53,004	\$53,005
5	0 - \$31,040	\$31,041-\$38,801	\$38,802-\$46,562	\$46,563-\$54,323	\$54,324-\$62,084	\$62,085
6	0 - \$35,580	\$35,581-\$44,476	\$44,477-\$53,372	\$53,373-\$62,268	\$62,269-\$71,164	\$71,165
7	0 - \$40,120	\$40,121-\$50,151	\$50,152-\$60,182	\$60,183-\$70,213	\$70,214-\$80,244	\$80,245
8	0 - \$44,660	\$44,661-\$55,826	\$55,827-\$66,992	\$66,993-\$78,158	\$78,159-\$89,324	\$89,325
Por cada persona adicional, añadir	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080	\$9,080

La tarifa mínima/ nominal solo cubre su visita médica.

Laboratorios, Rayos- X, vacunas, suministros y recetas no están cubiertas por la tarifa mínima nominal.

Cualquier balance pendiente después de su visita médica será facturado.

La escala de descuento es ofrecida dependiendo el tamaño familiar y los ingresos.

Esta Práctica sirve a todos los pacientes independientemente de la imposibilidad de pagar.

Aprobado por la Junta de Directores 02/17/2021