

Sliding-Fee Scale

We will work with you to make healthcare affordable.

How to Use This Chart

Step 1: Find your family size in the first column on the left.

Step 2: Move across the row to the right until you find your household income.

Step 3: Look at the letter above your income (A, B, C, or D).

Step 4: That letter shows how much you will pay – see “Cost Per Visit.”

Do not worry if this chart feels confusing. Our staff will help you. Simply call, and we will help you find your sliding-fee rate. We also can tell you if you qualify, and help you apply, for Medicaid or Medicare.

Call: 603-821-7788

Email: info@harborcarenh.org



HCHWC Medical Fee Scale Calendar Year 2026		0-100% Poverty		101-138% Poverty		139-185% Poverty		186-200% Poverty	
		Category A		Category B		Category C		Category D	
Family Size:		Income up to:	Income From:	To:	Income From:	To:	Income From:	To:	
1	Annual	\$15,960	\$15,961	\$22,025	\$22,026	\$29,526	\$29,527	\$31,920	
2	Annual	\$21,640	\$21,641	\$29,864	\$29,865	\$40,034	\$40,035	\$43,280	
3	Annual	\$27,320	\$27,321	\$37,702	\$37,703	\$50,542	\$50,543	\$54,640	
4	Annual	\$33,000	\$33,001	\$45,540	\$45,541	\$61,050	\$61,051	\$66,000	
5	Annual	\$38,680	\$38,681	\$53,379	\$53,380	\$71,558	\$71,559	\$77,360	
6	Annual	\$44,360	\$44,361	\$61,217	\$61,218	\$82,066	\$82,067	\$88,720	
Cost Per Visit		\$10.00	\$15.00		\$20.00		\$25.00		
For families/household with more than 6 persons, add \$5,680 for each additional person per family for Slide A, \$7,838 for Slide B, \$10,508 for Slide C, and \$11,360 for Slide D.									

HCHWC Pharmacy Fee Scale	0-100% Poverty	101-138% Poverty	139-185% Poverty	186-200% Poverty
	Category A	Category B	Category C	Category D
Generics	Acquisition Cost + \$3.00 Dispensing Fee	Acquisition Cost + \$4.00 Dispensing Fee	Acquisition Cost + \$5.00 Dispensing Fee	Acquisition Cost + \$6.00 Dispensing Fee
Brand	Acquisition Cost + \$3.00 Dispensing Fee	Acquisition Cost + \$4.00 Dispensing Fee	Acquisition Cost + \$5.00 Dispensing Fee	Acquisition Cost + \$6.00 Dispensing Fee
Controls	Acquisition Cost + \$3.00 Dispensing Fee	Acquisition Cost + \$4.00 Dispensing Fee	Acquisition Cost + \$5.00 Dispensing Fee	Acquisition Cost + \$6.00 Dispensing Fee

HCHWC Dental Fee Scale	0-100%	101-138%	139-185%	186-200%
	Category A	Category B	Category C	Category D
Category 1 – Preventive Care	\$50.00 Per Visit	40% Discount 60% Patient Portion	30% Discount 70% Patient Portion	20% Discount 80% Patient Portion
Category 2 – Optional Care <small>(Prices Will Vary & Lab Fees Apply)</small>	\$65.00 Per Visit	40% Discount 60% Patient Portion	30% Discount 70% Patient Portion	20% Discount 80% Patient Portion
Category 3- Complex Care	\$85.00 Per Visit	40% Discount 60% Patient Portion	30% Discount 70% Patient Portion	20% Discount 80% Patient Portion

*For Dental Slides B-D, costs will never be lower than the same service provided under Slide A. See the SFDP Policy and Procedure for details.

Approved Category:	A	B	C	D
Denial Reason:	_____			
Reviewed By:	_____			Date: