

MEDICAL SERVICES SLIDING FEE SCHEDULE

	100% OF FPL	0% - 100%	101% - 129%	130% - 149%	150% - 174%	175% - 200%
FAMILY SIZE	ANNUAL INCOME	NOMINAL FEE PAYS \$30/VISIT	B PAYS \$40	C PAYS \$60	D PAYS \$80	E PAYS \$100
1	\$11,880.00	\$0 - \$11,880	\$11,881-\$15,443	\$15,444-\$17,819	\$17,820-\$20,789	\$20,790-\$23,760
2	\$16,020.00	\$0 - \$16,020	\$16,021-\$20,825	\$20,826-\$24,029	\$24,030-\$28,034	\$28,035-\$32,040
3	\$20,160.00	\$0 - \$20,160	\$20,161-\$26,207	\$26,208-\$30,239	\$30,240-\$35,279	\$35,280-\$40,320
4	\$24,300.00	\$0 - \$24,300	\$24,301-\$31,589	\$31,590-\$36,449	\$36,450-\$42,524	\$42,525-\$48,600
5	\$28,440.00	\$0 - \$28,440	\$28,441-\$36,971	\$36,972-\$42,659	\$42,660-\$49,769	\$49,770-\$56,880
6	\$32,580.00	\$0 - \$32,580	\$32,581-\$42,353	\$42,354-\$48,869	\$48,870-\$57,014	\$57,015-\$65,160
7	\$36,730.00	\$0 - \$36,730	\$36,731-\$47,748	\$47,749-\$55,094	\$55,095-\$64,277	\$64,278-\$73,460
8	\$40,890.00	\$0 - \$40,890	\$40,891-\$53,156	\$53,157-\$61,334	\$61,335-\$71,557	\$71,558-\$81,780

For families/households with more than 8 persons, add \$4,160 to annual income for each additional person.

For visits not covered by any special health coverage programs or insurance, we offer a discount based on your family size and gross income.

*Laboratory fees, medications and supplies are billed at our cost.

No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines.

Net charges in Categories B-E will always be greater than the nominal fee.

Payment is requested on date of service.

Federal Poverty Guidelines for January 25, 2016.