

# 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	\$12,140.00	\$0 - \$12,140.00	\$12,140.01-\$15,660.60	\$15,660.61-\$18,088.60	\$18,088.61-\$21,123.60	\$21,123.61-\$24,280.00
2	\$16,460.00	\$0 - \$16,460.00	\$16,460.01-\$21,233.40	\$21,233.41-\$24,525.40	\$24,525.41-\$28,640.40	\$28,640.41-\$32,920.00
3	\$20,780.00	\$0 - \$20,780.00	\$20,780.01-\$26,806.20	\$26,806.21-\$30,962.20	\$30,962.21-\$36,157.20	\$36,157.21-\$41,560.00
4	\$25,100.00	\$0 - \$25,100.00	\$25,100.01-\$32,379.00	\$32,379.01-\$37,399.00	\$37,399.01-\$43,674.00	\$43,674.01-\$50,200.00
5	\$29,420.00	\$0 - \$29,420.00	\$29,420.01-\$37,951.80	\$37,951.81-\$43,835.80	\$43,835.80-\$51,190.80	\$51,190.81-\$58,840.00
6	\$33,740.00	\$0 - \$33,740.00	\$33,740.01-\$43,524.60	\$42,354.61-\$50,272.60	\$50,272.61-\$58,707.60	\$58,707.61-\$67,480.00
7	\$38,060.00	\$0 - \$38,060.00	\$38,060.01-\$49,097.40	\$49,097.41-\$56,709.40	\$56,709.41-\$66,224.40	\$66,224.41-\$76,120.00
8	\$42,380.00	\$0 - \$42,380.00	\$40,380.00-\$54,670.20	\$54,670.20-\$63,146.20	\$63,146.21-\$73,741.20	\$73,741.21-\$84,760.00

For families/households with more than 8 persons, add **\$4,320** 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. Medications and supplies are billed at our cost.

Federal Poverty Guidelines for January 13, 2018.