

MEDICAL SLIDING FEE SCHEDULE

EFFECTIVE MAY 1, 2014

Family Size	Nominal Charge 100% Poverty and Below	Poverty Partial Charge 125% to 200% of poverty				Over 200% of Poverty
	\$10.00	\$20.00	\$35.00	\$45.00	\$50.00	Full Charge
1	\$0 - \$11,670	\$11,670 - 14,588	\$14,588 - \$17,505	\$17,505 - \$20,423	\$20,423 - \$23,340	\$23,341
2	\$0 - \$15,730	\$15,730 - \$19,663	\$19,663 - \$23,595	\$23,595 - \$27,528	\$27,528 - \$31,460	\$31,461
3	\$0 - \$19,790	\$19,790 - \$24,738	\$24,738 - \$29,685	\$29,685 - \$34,633	\$34,633 - \$39,580	\$39,581
4	\$0 - \$23,850	\$23,850 - \$29,813	\$29,813 - \$35,775	\$35,775 - \$41,738	\$41,738 - \$47,700	\$47,701
5	\$0 - \$27,910	\$27,910 - \$34,888	\$34,888 - \$41,865	\$41,865 - \$48,843	\$48,843 - \$55,820	\$55,821
6	\$0 - \$31,970	\$31,970 - \$39,963	\$39,963 - \$47,955	\$47,955 - \$55,948	\$55,948 - \$63,940	\$63,941
7	\$0 - \$36,030	\$36,030 - \$45,038	\$45,038 - \$54,045	\$54,045 - \$63,053	\$63,053 - \$72,060	\$72,061
8	\$0 - \$40,090	\$40,090 - \$50,113	\$50,113 - \$60,135	\$60,135 - \$70,158	\$70,158 - \$80,180	\$80,181

NOTE- FOR FAMILIES WITH MORE THAN 8 MEMBERS, ADD \$4,060.00 FOR EACH ADDITIONAL MEMBER.

**Certain items provided within a visit(s) cannot be discounted; these include but are not limited to:

Select Adult Vaccines, Injected Medications, Durable Medical Equipment or supplies and Physical Therapy Aids

PAYMENTS MUST BE MADE AT TIME OF VISIT