



Sliding Fee Discount Schedule
Based on HHS 2024
Federal Poverty Poverty Guidelines

Approved by BOD: 2/27/2024
Revision Approved by BOD: 5/28/2024

Office Visit	\$25	\$30		\$40		\$50		\$60		Full Charge
	F - Nominal Fee	E		D		C		B		A
<i>% Of FPL</i>	<i><=100%</i>	<i>101%</i>	<i>125%</i>	<i>126%</i>	<i>150%</i>	<i>151%</i>	<i>175%</i>	<i>176%</i>	<i>200%</i>	<i>Over 200%</i>
1	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121
2	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881
3	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641
4	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401
5	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161
6	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921
7	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681
8*	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441
For each additional person, add:	\$5,380	\$6,725		\$8,070		\$9,415		\$10,760		

Dental Services	\$25	\$26	\$27	\$28	\$29	Full Charge
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Imaging (X-Ray/ RetinaVue)	\$20	\$22	\$24	\$26	\$28	Full Charge
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Labs	\$5	\$7	\$9	\$10	\$12	Full Charge
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***PROMPT PAY**

Sports Physical	\$ 30	Office Visit	\$ 80	IUD/Nexplanon remove/insert	\$ 100
Well Child/AdultCPE	\$ 50	New Pt. Office Visit	\$ 100	Imaging (X-Ray & RetinaVue)	\$ 30
GYN Exam	\$ 50	Flu Shots	\$ 30	Labs	\$ 15
Dietitian	\$ 40	Flu Shot High Dose	\$ 60		
Dietitian - Group (per person)	\$ 20	Dental Cleaning	\$ 30	Additional Charges (See price list)	
Counseling (individual)	\$ 80	Injections ONLY	\$ 10	Injectible Medications	
Counseling - New Pt (indv.)	\$ 100	Spirometry	\$ 30	Imaging (X-Ray & RetinaVue)	
Counseling - Group (per Person)	\$ 20			Labs	
				Pharmacy Supply Charge:	
				Cost of medicine + \$10-Generic/\$15-Brand	

*Prompt pay must be paid at time of service