



**Sliding Fee Schedule  
Effective February 1, 2019**

If you are uninsured and you wish to apply for a discount, please ask a Customer Associate for an application.

% of Federal Poverty Level	Medical	Dental	Family Size										
	Includes All Office Visits Medical, Maternity & Behavioral Health	Evaluation & Management Visit											
	Fee	Fee	Income	1	2	3	4	5	6	7	8	9	10
	Due at Time of Visit	Due at Time of Visit											
<b>100% &amp; Below Slide A</b>	<b>\$25.00</b>	<b>\$35.00</b>	≤	12,490	16,910	21,330	25,750	30,170	34,590	39,010	43,430	47,850	52,270
<b>101%-125% Slide B</b>	<b>\$30.00</b>	<b>\$40.00</b>	>	12,490	16,910	21,330	25,750	30,170	34,590	39,010	43,430	47,850	52,270
			≤	15,613	21,138	26,663	32,188	37,713	43,238	48,763	54,288	59,813	65,338
<b>126%-150% Slide C</b>	<b>\$40.00</b>	<b>\$50.00</b>	>	15,613	21,138	26,663	32,188	37,713	43,238	48,763	54,288	59,813	65,338
			≤	18,735	25,365	31,995	38,625	45,255	51,885	58,515	65,145	71,775	78,405
<b>151%-175% Slide D</b>	<b>\$50.00</b>	<b>\$55.00</b>	>	18,735	25,365	31,995	38,625	45,255	51,885	58,515	65,145	71,775	78,405
			≤	21,858	29,593	37,328	45,063	52,798	60,533	68,268	76,003	83,738	91,473
<b>176%-200% Slide E</b>	<b>\$60.00</b>	<b>\$65.00</b>	>	21,858	29,593	37,328	45,063	52,798	60,533	68,268	76,003	83,738	91,473
			≤	24,980	33,820	42,660	51,500	60,340	69,180	78,020	86,860	95,700	104,540
<b>Over Income</b>	<b>Full Fee</b>	<b>Full Fee</b>	>	24,980	33,820	42,660	51,500	60,340	69,180	78,020	86,860	95,700	104,540

For families with more than 10 members, add \$4,420 for each member.

Guidelines for the Sliding Fee Scale are adjusted as published by the Federal Government.

Lab Fees are included in Office Visit Fee