



2024 Sliding Fee Discount Schedule for Medical Services

Annual Income Thresholds by Sliding Fee Schedule Pay Class and Percent Poverty

Fee	\$20 Nominal Fee	\$25.00	\$30.00	\$35.00	\$40.00	100% of Charges
Poverty Level*						
Household Size	At or Below 100%	101 - 125%	126 - 150%	151 - 175%	176 - 200%	Above 200%
1	\$0 - \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 and above
2	\$0 - \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 and above
3	\$0 - \$25,820	\$25,821 - \$32,275	\$31,076 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 and above
4	\$0 - \$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 and above
5	\$0 - \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 and above
6	\$0 - \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 and above
7	\$0 - \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 and above
8	\$0 - \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 and above
9	\$0 - \$58,100	\$58,101 - \$72,625	\$72,626 - \$87,150	\$87,151 - \$101,675	\$101,676 - \$116,200	\$116,201 and above
10	\$0 - \$63,480	\$63,481 - \$79,350	\$79,351 - \$95,220	\$95,221 - \$111,090	\$111,091 - \$126,960	\$126,961 and above
For Each additional person, add	\$5,380.00	\$6,725.00	\$8,070.00	\$9,415.00	\$10,760.00	\$10,760.00

***Based on 2024 Federal Poverty Guidelines**

Discounted charge includes all services performed by A Plus Family HealthCare during visit, which included any in-house labs, injections, or xrays. Patients may incur additional charges for supplies not incident to service (prescription drugs or third party labwork)