



### 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-\$12,880	\$12,881-\$16,100	\$16,101-\$19,320	\$19,321-\$22,540	\$22,541-\$25,760	\$25,761 Plus
2	\$0-\$17,420	\$17,421-\$21,775	\$21,776-\$26,130	\$26,131-\$30,485	\$30,486-\$34,840	\$34,841 Plus
3	\$0-\$21,960	\$21,961-\$27,450	\$27,451-\$32,940	\$32,941-\$38,430	\$38,431-\$43,920	\$43,921 Plus
4	\$0-\$26,500	\$26,501-\$33,125	\$33,126-\$39,750	\$39,751-\$46,375	\$46,376-\$53,000	\$53,001 Plus
5	\$0-\$31,040	\$31,041-\$38,800	\$38,801-\$46,560	\$46,561-\$54,320	\$54,321-\$62,080	\$62,081 Plus
6	\$0-\$35,580	\$35,581-\$44,475	\$44,476-\$53,370	\$53,371-\$62,265	\$62,266-\$71,160	\$71,161 Plus
7	\$0-\$40,120	\$40,121-\$50,150	\$50,151-\$60,180	\$60,181-\$70,210	\$70,211-\$80,240	\$80,241 Plus
8	\$0-\$44,660	\$44,661-\$55,825	\$55,826-\$66,990	\$66,991-\$78,155	\$78,156-\$89,320	\$89,321 Plus
9	\$0-\$49,200	\$49,201-\$61,500	\$61,501-\$73,800	\$73,801-\$86,100	\$86,101-\$98,400	\$98,401 Plus
10	\$0-\$53,740	\$53,741-\$67,175	\$67,176-\$80,610	\$80,611-\$94,045	\$94,046-\$107,480	\$107,481 Plus
For Each Additional person, add...	\$4,540.00	\$5,675.00	\$6,810.00	\$7,945.00	\$9,080.00	\$9,080.00

\*Based on 2021 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)