



### 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-\$12,490     | \$12,491-\$15,613 | \$15,614-\$18,735 | \$18,736-\$21,858 | \$21,859-24,980    | \$24,981 Plus   |
| 2                                  | \$0-\$16,910     | \$16,911-\$21,138 | \$21,139-\$25,365 | \$25,366-\$29,593 | \$29,594-\$33,820  | \$33,821 Plus   |
| 3                                  | \$0-\$21,330     | \$21,331-\$26,663 | \$26,664-\$31,995 | \$31,996-\$37,328 | \$37,329-\$42,660  | \$42,661 Plus   |
| 4                                  | \$0-\$25,750     | \$25,751-\$32,188 | \$32,189-\$38,625 | \$38,626-\$45,063 | \$45,064-\$51,500  | \$51,501 Plus   |
| 5                                  | \$0-\$30,170     | \$30,171-\$37,713 | \$37,714-\$45,255 | \$45,256-\$52,798 | \$52,799-60,340    | \$60,341 Plus   |
| 6                                  | \$0-\$34,590     | \$34,591-\$43,238 | \$43,239-\$51,885 | \$51,886-\$60,533 | \$60,534-\$69,180  | \$69,181 Plus   |
| 7                                  | \$0-\$39,010     | \$39,011-\$48,763 | \$48,764-\$58,515 | \$58,516-\$68,268 | \$68,269-\$78,020  | \$78,021 Plus   |
| 8                                  | \$0-\$43,430     | \$43,431-\$54,288 | \$54,289-\$65,145 | \$65,146-\$76,003 | \$76,004-\$86,860  | \$86,861 Plus   |
| 9                                  | \$0-\$47,750     | \$47,751-\$59,688 | \$59,689-\$71,625 | \$71,626-\$83,563 | \$83,563-\$95,500  | \$95,501 Plus   |
| 10                                 | \$0-\$52,070     | \$52,071-\$65,089 | \$65,090-\$78,105 | \$78,106-91,123   | \$91,124-\$104,140 | \$104,141 Plus  |
| For Each Additional person, add... | \$4,320.00       | \$5,400.00        | \$6,480.00        | \$7,560.00        | \$8,640.00         | \$8,640.00      |

\*Based on 2019 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)