



2024 SLIDING FEE DISCOUNT SCHEDULE AND FEE STRUCTURE

		A	B	C	D	E	F
HOUSEHOLD SIZE	% of FPL	<0 – 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Above 200%
	1	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	>\$30,120
	2	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	>\$40,880
	3	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	>\$51,640
	4	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	>\$62,400
	5	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	>\$73,160
	6	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	>\$83,920
	7	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	>\$94,680
	8	\$52,720	\$65,900	\$79,080	\$92,260	\$105,560	>\$105,560
MEDICAL	% of FPL	<0 – 100%	101% - 125%	125% - 150%	151% - 175%	176% - 200%	Above 200%
	Nominal Amount	\$30	\$35	\$40	\$45	\$50	Full Charge

1. Add \$5,380 for each additional person in household above 8 people.
2. Based on 2024 Federal Poverty Level Guidelines: [aspe.hhs.gov/poverty-guidelines](https://www.aspe.hhs.gov/poverty-guidelines)
3. The health center has a board approved policy for its sliding fee discount program that apply uniformly to all patients.
4. Requesting applicable payments from patients, while ensuring that no patient is denied service based on inability to pay.
5. All patients at or below of Federal Poverty Level Guidelines may be charged a nominal fee of \$30.
6. The Sliding Fee Discount Schedule is updated annually with the most current Federal Poverty Guidelines published in the Federal Register.