



2024 Sliding Fee Discount Scale

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% Discounts)

FAMILY SIZE (PER TAX HOUSEHOLD)	ANNUAL INCOME AT OR BELOW 100% OF FPL	ANNUAL INCOME AT OR BELOW 110% OF FPL	ANNUAL INCOME AT OR BELOW 120% OF FPL	ANNUAL INCOME AT OR BELOW 130% OF FPL	ANNUAL INCOME AT OR BELOW 140% OF FPL	ANNUAL INCOME AT OR BELOW 150% OF FPL	ANNUAL INCOME AT OR BELOW 160% OF FPL	ANNUAL INCOME AT OR BELOW 170% OF FPL	ANNUAL INCOME AT OR BELOW 180% OF FPL	ANNUAL INCOME AT OR BELOW 190% OF FPL	ANNUAL INCOME AT OR BELOW 200% OF FPL	ANNUAL INCOME 201% OR GREATER
SLIDE SCALE:	A	B	C	D	E	F	G	H	I	J	K	Not Eligible
1	\$15,060	\$16,566	\$18,072	\$19,578	\$21,084	\$22,590	\$24,096	\$25,602	\$27,108	\$28,614	\$30,120	\$30,121
2	\$20,440	\$22,484	\$24,528	\$26,572	\$28,616	\$30,660	\$32,704	\$34,748	\$36,792	\$38,836	\$40,880	\$40,881
3	\$25,820	\$28,402	\$30,984	\$33,566	\$36,148	\$38,730	\$41,312	\$43,894	\$46,476	\$49,058	\$51,640	\$51,641
4	\$31,200	\$34,320	\$37,440	\$40,560	\$43,680	\$46,800	\$49,920	\$53,040	\$56,160	\$59,280	\$62,400	\$62,401
5	\$36,580	\$40,238	\$43,896	\$47,554	\$51,212	\$54,870	\$58,528	\$62,186	\$65,844	\$69,502	\$73,160	\$73,161
6	\$41,960	\$46,156	\$50,352	\$54,548	\$58,744	\$62,940	\$67,136	\$71,332	\$75,528	\$79,724	\$83,920	\$83,921
7	\$47,340	\$52,074	\$56,808	\$61,542	\$66,276	\$71,010	\$75,744	\$80,478	\$85,212	\$89,946	\$94,680	\$94,681
8	\$52,720	\$57,992	\$63,264	\$68,536	\$73,808	\$79,080	\$84,352	\$89,624	\$94,896	\$100,168	\$105,440	\$105,441
9	\$58,100	\$63,910	\$69,720	\$75,530	\$81,340	\$87,150	\$92,960	\$98,770	\$104,580	\$110,390	\$116,200	\$116,201
10	\$63,480	\$69,828	\$76,176	\$82,524	\$88,872	\$95,220	\$101,568	\$107,916	\$114,264	\$120,612	\$126,960	\$126,961

For family size (per tax household) larger than 10, add for each additional person:	\$5,380	\$5,918	\$6,456	\$6,994	\$7,532	\$8,070	\$8,608	\$9,146	\$9,684	\$10,222	\$10,760	>\$10760
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2023 SLIDING FEE DISCOUNT AMOUNTS BASED UPON INCOME LEVELS ABOVE
(The Out of Pocket Amount You Pay for Services if Eligible for a Discounted Fee)

SLIDE SCALE:	A	B	C	D	E	F	G	H	I	J	K	Not Eligible
Discount	100% *	90% *	80% *	70% *	60% *	50% *	40% *	30% *	20% *	15% *	10% *	0%

*Based on the 2023 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines. (Model: NHSC.HRSA.gov)

*Patient Pays at a Minimum a \$25 Nominal Fee

Laboratory, X-Ray, and Other Diagnostic Services are Charged Separately from the Office Visit Charge