| Medical Sliding Fee Scale | | | | | | | |
|---|--------------------|--------------|--|----------|-------------|-------------|-----------|
| Sliding Fee Scale Based On Family Size and Income Compared to Federal Poverty Level (FPL) | | | | | | | |
| | | | | | | | |
| | Discount | <u>-100%</u> | <u>-90%</u> | -80% | <u>-60%</u> | <u>-30%</u> | <u>0%</u> |
| | | At or below | 101% to | 151% to | 201% to | 236% to | Above |
| | | 100% FPL | 150% FPL | 200% FPL | 235% FPL | 295% FPL | 295 FPL + |
| Primary Care Provider Visits | Nominal Fee | \$ 30 | Greater of the discounted bill or \$30 | | | | 100% |
| Nurse, Lab, X-ray Only Visits | Nominal Fee | \$ 15 | Greater of the discounted bill or \$15 | | | | 100% |
| Urgent Care Clinic Visits | Nominal Fee | \$ 50 | Greater of the discounted bill or \$40 | | | | 100% |