

Medical Sliding Fee

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)
*if actual charges are less than amounts shown, patient pays lesser amount

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee	(A) \$40.00	(B) \$50.00	(C) \$60.00	(D) \$70.00	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.
For families/households with more than 8 persons, add \$5,140 for each additional person

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee	(A) \$40.00	(B) \$50.00	(C) \$60.00	(D) \$70.00	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.



Radiology & Sonography Sliding Fee

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)

*if actual charges are less than amounts shown, patient pays lesser amount

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee *per procedure	(A) \$45.00 *per procedure	(B) \$55.00 *per procedure	(C) \$65.00 *per procedure	(D) \$75.00 *per procedure	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.

For families/households with more than 8 persons, add \$5,140 for each additional person

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee *per procedure	(A) \$45.00 *per procedure	(B) \$55.00 *per procedure	(C) \$65.00 *per procedure	(D) \$75.00 *per procedure	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.



Mammography Sliding Fee

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)

*if actual charges are less than amounts shown, patient pays lesser amount

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee	(A) \$50.00	(B) \$75.00	(C) \$100.00	(D) \$125.00	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.

For families/households with more than 8 persons, add \$5,140 for each additional person

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee	(A) \$50.00	(B) \$75.00	(C) \$100.00	(D) \$125.00	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

Synergy - Outside Laboratory Sliding Fee

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee	(A) \$40.00	(B) \$50.00	(C) \$60.00	(D) \$70.00	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

*Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.
For families/households with more than 8 persons, add \$5,140 for each additional person*

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	\$25.00 Nominal Fee	(A) \$40.00	(B) \$50.00	(C) \$60.00	(D) \$70.00	100% Pay No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

Pharmacy Sliding Fee

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)
 *if actual charges are less than amounts shown, patient pays lesser amount

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Cost of Medication + Administration Fee (30 days per prescription) = Patient Out-of-Pocket Cost

Family Unit Size	Administration Fee \$0.00	(A) Administration Fee \$0.50	(B) Administration Fee \$1.00	(C) Administration Fee \$1.50	(D) Administration Fee \$2.00	100% Pay No Discount Toward Administration Fee
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.
 For families/households with more than 8 persons, add \$5,140 for each additional person

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	Administration Fee \$0.00	(A) Administration Fee \$0.50	(B) Administration Fee \$1.00	(C) Administration Fee \$1.50	(D) Administration Fee \$2.00	100% Pay No Discount Toward Administration Fee
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

Dental Sliding Fee

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)

*if actual charges are less than amounts shown, patient pays lesser amount

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	100% Discount Nominal Fee charged for all procedures in scope; \$40 Nominal Fee	70% Discount Minimum Fee \$45 minimum (A)	60% Discount Minimum Fee \$45 minimum (B)	50% Discount Minimum Fee \$45 minimum (C)	40% Discount Minimum Fee \$45 minimum (D)	No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.

For families/households with more than 8 persons, add \$5,140 for each additional person

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	100% Discount Nominal Fee charged for all procedures in scope; \$40 Nominal Fee	70% Discount Minimum Fee \$45 minimum (A)	60% Discount Minimum Fee \$45 minimum (B)	50% Discount Minimum Fee \$45 minimum (C)	40% Discount Minimum Fee \$45 minimum (D)	No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

Dental Lab Sliding Fee (Sub-Category)

Schedule of Income Thresholds Based upon 2023 Federal Poverty Guidelines (January 19, 2023)

*if actual charges are less than amounts shown, patient pays lesser amount

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	Actual Cost of Lab* + \$40.00 Nominal Fee	70% discount (A)**	60% discount (B)**	50% discount (C)**	40% discount (D)**	No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$14,580	\$14,581 - \$18,224	\$18,225 - \$21,869	\$21,870 - \$25,514	\$25,515 - \$29,305	\$29,306+
2	0 - \$19,720	\$19,721 - \$24,649	\$24,650 - \$29,579	\$29,580 - \$34,509	\$34,510 - \$39,637	\$39,638+
3	0 - \$24,860	\$24,861 - \$31,074	\$31,075 - \$37,289	\$37,290 - \$43,504	\$43,505 - \$49,968	\$49,969+
4	0 - \$30,000	\$30,001 - \$37,499	\$37,500 - \$44,999	\$45,000 - \$52,499	\$52,500 - \$60,299	\$60,300+
5	0 - \$35,140	\$35,141 - \$43,924	\$43,925 - \$52,709	\$52,710 - \$61,494	\$61,495 - \$70,631	\$70,632+
6	0 - \$40,280	\$40,281 - \$50,349	\$50,350 - \$60,419	\$60,420 - \$70,489	\$70,490 - \$80,962	\$80,963+
7	0 - \$45,420	\$45,421 - \$56,774	\$56,775 - \$68,129	\$68,130 - \$79,484	\$79,485 - \$91,294	\$91,295+
8	0 - \$50,560	\$50,561 - \$63,199	\$63,200 - \$75,839	\$75,840 - \$88,479	\$88,480 - \$101,625	\$101,626+

Note: The income ceiling for the nominal fee pay class is equal to the federal poverty level.

For families/households with more than 8 persons, add \$5,140 for each additional person

Monthly Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty

Family Unit Size	Actual Cost of Lab* + \$40.00 Nominal Fee	70% discount (A)**	60% discount (B)**	50% discount (C)**	40% discount (D)**	No Discount
Poverty	≤100% FPL	≥ 101-124% FPL	≥ 125-149% FPL	≥ 150-174% FPL	≥ 175-200% FPL	≥ 201% FPL
1	0 - \$1,215	\$1,216 - \$1,518	\$1,519 - \$1,822	\$1,823 - \$2,126	\$2,127 - \$2,442	\$2,443+
2	0 - \$1,643	\$1,644 - \$2,054	\$2,055 - \$2,464	\$2,465 - \$2,875	\$2,876 - \$3,303	\$3,304+
3	0 - \$2,072	\$2,073 - \$2,589	\$2,590 - \$3,107	\$3,108 - \$3,625	\$3,626 - \$4,164	\$4,165+
4	0 - \$2,500	\$2,501 - \$3,124	\$3,125 - \$3,749	\$3,750 - \$4,374	\$4,375 - \$5,024	\$5,025+
5	0 - \$2,928	\$2,929 - \$3,660	\$3,661 - \$4,392	\$4,393 - \$5,124	\$5,125 - \$5,885	\$5,886+
6	0 - \$3,357	\$3,358 - \$4,195	\$4,196 - \$5,034	\$5,035 - \$5,874	\$5,875 - \$6,746	\$6,747+
7	0 - \$3,785	\$3,786 - \$4,731	\$4,732 - \$5,677	\$5,678 - \$6,623	\$6,624 - \$7,607	\$7,608+
8	0 - \$4,213	\$4,214 - \$5,266	\$5,267 - \$6,319	\$6,320 - \$7,373	\$7,374 - \$8,468	\$8,469+

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

*Pricing subject to change based on actual lab cost

**Sliding Fee categories A - D: Amount due cannot be below actual lab cost plus \$45.00 minimum for professional services.

SLIDING FEE DISCOUNT APPLICATION

It is the policy of ETSU College of Nursing to provide essential services regardless of ability to pay. Discounts are offered on a sliding fee scale based on family size and annual income. Please complete the following information and return it to the front desk to determine if you or members of your family are eligible for a sliding fee discount.

Sliding fee discounts apply to services within our health centers only. Discounts do not apply to services procured from external services providers such as: reference laboratory testing, medications, hearing aids and other services. Please ask your healthcare provider if a particular service is or is not subject to the sliding fee discount. Additional charges may apply to services procured from external service providers.

If you **do not** wish to apply for the sliding fee discount at this time, please indicate the same.

I do not wish to apply for the sliding fee discount at this time. I understand I may apply at any time by requesting an application at the front desk.

Signature of Patient or Legally Authorized Representative

Date

If you **do** want to apply for the sliding fee discount please complete the below.

SECTION 1: HEAD OF HOUSEHOLD INFORMATION			
Printed Name		Date of Birth	Phone (include area code)
Address (Number and Street, Apt. No.)	City	State	Zip
Please list the total number of people in your family:			

SECTION 2: DEPENDENT INFORMATION			
Please list all dependents.			
Printed Name	Date of Birth	Printed Name	Date of Birth
Printed Name	Date of Birth	Printed Name	Date of Birth
Printed Name	Date of Birth	Printed Name	Date of Birth

Patient Printed Name: _____ Date of Birth: _____



SECTION 3: HOUSEHOLD INCOME INFORMATION

You may report your income in an annual or monthly amount. Please circle which option your reporting below.

Annual or Monthly	Self	Spouse	Other	Total Amount
Gross Wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payment, survivor benefits, pension or retirement income, 1040 tax form				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Annual/Monthly Gross Income *Gross income is before taxes and deductions				

Note: Copies of tax returns, pay stubs, or other information verifying income may be required before your sliding fee application is approved. Failure to complete this application and/or supply any needed documents to verify income within 3 business day of the date of service will result in the patient being charged the full fee for services rendered.

By signing below, I certify the information provided on this application is true and complete to the best of my knowledge. I understand that completion of this application does not guarantee a discount will be applied. If I am not approved for a discount I understand I will be responsible for the full amount for any services I receive.

Signature of Patient or Legally Authorized Representative

Date

OFFICE USE ONLY

Checklist	<input checked="" type="checkbox"/>	Awaiting Proof of Income	<input checked="" type="checkbox"/>
Verified Monthly Income: Total:		Proof of Income Requested: Date:	
Number in Household: Total:		Income Requirement Discussed with Patient: Date:	
Proof of Income Received: Type:		Notes:	
Sliding Fee Discussed with Patient: Sliding Fee Scale Category:			
Recertification Date:		Staff Signature:	Date:

Patient Printed Name: _____ Date of Birth: _____