

MEDICAL
SLIDING FEE DISCOUNT SCHEDULE
 BASED ON THE 2018 FEDERAL POVERTY LEVEL - Effective 7/1/2018
 ALL FQHC AND ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	201%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$5 Payment = to or Less Than	\$10 Fixed Payment = to or Less Than	\$15 Fixed Payment = to or Less Than	\$20 Fixed Payment = to or Less Than	\$25 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 12,140	\$ 15,175	\$ 18,210	\$ 21,245	\$ 24,280	\$ 24,280
	Monthly	\$ 1,012	\$ 1,265	\$ 1,518	\$ 1,770	\$ 2,023	\$ 2,023
	Weekly	\$ 233	\$ 292	\$ 350	\$ 409	\$ 467	\$ 467
	Hourly	\$ 5.84	\$ 7.30	\$ 8.75	\$ 10.21	\$ 11.67	\$ 11.67
2	Annual	\$ 16,460	\$ 20,575	\$ 24,690	\$ 28,805	\$ 32,920	\$ 32,920
	Monthly	\$ 1,372	\$ 1,715	\$ 2,058	\$ 2,400	\$ 2,743	\$ 2,743
	Weekly	\$ 317	\$ 396	\$ 475	\$ 554	\$ 633	\$ 633
	Hourly	\$ 7.91	\$ 9.89	\$ 11.87	\$ 13.85	\$ 15.83	\$ 15.83
3	Annual	\$ 20,780	\$ 25,975	\$ 31,170	\$ 36,365	\$ 41,560	\$ 41,560
	Monthly	\$ 1,732	\$ 2,165	\$ 2,598	\$ 3,030	\$ 3,463	\$ 3,463
	Weekly	\$ 400	\$ 500	\$ 599	\$ 699	\$ 799	\$ 799
	Hourly	\$ 9.99	\$ 12.49	\$ 14.99	\$ 17.48	\$ 19.98	\$ 19.98
4	Annual	\$ 25,100	\$ 31,375	\$ 37,650	\$ 43,925	\$ 50,200	\$ 50,200
	Monthly	\$ 2,092	\$ 2,615	\$ 3,138	\$ 3,660	\$ 4,183	\$ 4,183
	Weekly	\$ 483	\$ 603	\$ 724	\$ 845	\$ 965	\$ 965
	Hourly	\$ 12.07	\$ 15.08	\$ 18.10	\$ 21.12	\$ 24.13	\$ 24.13
5	Annual	\$ 29,420	\$ 36,775	\$ 44,130	\$ 51,485	\$ 58,840	\$ 58,840
	Monthly	\$ 2,452	\$ 3,065	\$ 3,678	\$ 4,290	\$ 4,903	\$ 4,903
	Weekly	\$ 566	\$ 707	\$ 849	\$ 990	\$ 1,132	\$ 1,132
	Hourly	\$ 14.14	\$ 17.68	\$ 21.22	\$ 24.75	\$ 28.29	\$ 28.29
6	Annual	\$ 33,740	\$ 42,175	\$ 50,610	\$ 59,045	\$ 67,480	\$ 67,480
	Monthly	\$ 2,812	\$ 3,515	\$ 4,218	\$ 4,920	\$ 5,623	\$ 5,623
	Weekly	\$ 649	\$ 811	\$ 973	\$ 1,135	\$ 1,298	\$ 1,298
	Hourly	\$ 16.22	\$ 20.28	\$ 24.33	\$ 28.39	\$ 32.44	\$ 32.44
7	Annual	\$ 38,060	\$ 47,575	\$ 57,090	\$ 66,605	\$ 76,120	\$ 76,120
	Monthly	\$ 3,172	\$ 3,965	\$ 4,758	\$ 5,550	\$ 6,343	\$ 6,343
	Weekly	\$ 732	\$ 915	\$ 1,098	\$ 1,281	\$ 1,464	\$ 1,464
	Hourly	\$ 18.30	\$ 22.87	\$ 27.45	\$ 32.02	\$ 36.60	\$ 36.60
8	Annual	\$ 42,380	\$ 52,975	\$ 63,570	\$ 74,165	\$ 84,760	\$ 84,760
	Monthly	\$ 3,532	\$ 4,415	\$ 5,298	\$ 6,180	\$ 7,063	\$ 7,063
	Weekly	\$ 815	\$ 1,019	\$ 1,223	\$ 1,426	\$ 1,630	\$ 1,630
	Hourly	\$ 20.38	\$ 25.47	\$ 30.56	\$ 35.66	\$ 40.75	\$ 40.75

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,320 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$41,320+\$4,320=\$46,700

**DENTAL PREVENTATIVE
SLIDING FEE DISCOUNT SCHEDULE
BASED ON THE 2018 FEDERAL POVERTY LEVEL - Effective 7/1/2018
ALL FQHC ELIGIBLE PATIENTS**

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	200%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$30 Payment = to or Less Than	\$35 Fixed Payment = to or Less Than	\$40 Fixed Payment = to or Less Than	\$45 Fixed Payment = to or Less Than	\$50 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 12,140	\$ 15,175	\$ 18,210	\$ 21,245	\$ 24,280	\$ 24,280
	Monthly	\$ 1,012	\$ 1,265	\$ 1,518	\$ 1,770	\$ 2,023	\$ 2,023
	Weekly	\$ 233	\$ 292	\$ 350	\$ 409	\$ 467	\$ 467
	Hourly	\$ 5.84	\$ 7.30	\$ 8.75	\$ 10.21	\$ 11.67	\$ 11.67
2	Annual	\$ 16,460	\$ 20,575	\$ 24,690	\$ 28,805	\$ 32,920	\$ 32,920
	Monthly	\$ 1,372	\$ 1,715	\$ 2,058	\$ 2,400	\$ 2,743	\$ 2,743
	Weekly	\$ 317	\$ 396	\$ 475	\$ 554	\$ 633	\$ 633
	Hourly	\$ 7.91	\$ 9.89	\$ 11.87	\$ 13.85	\$ 15.83	\$ 15.83
3	Annual	\$ 20,780	\$ 25,975	\$ 31,170	\$ 36,365	\$ 41,560	\$ 41,560
	Monthly	\$ 1,732	\$ 2,165	\$ 2,598	\$ 3,030	\$ 3,463	\$ 3,463
	Weekly	\$ 400	\$ 500	\$ 599	\$ 699	\$ 799	\$ 799
	Hourly	\$ 9.99	\$ 12.49	\$ 14.99	\$ 17.48	\$ 19.98	\$ 19.98
4	Annual	\$ 25,100	\$ 31,375	\$ 37,650	\$ 43,925	\$ 50,200	\$ 50,200
	Monthly	\$ 2,092	\$ 2,615	\$ 3,138	\$ 3,660	\$ 4,183	\$ 4,183
	Weekly	\$ 483	\$ 603	\$ 724	\$ 845	\$ 965	\$ 965
	Hourly	\$ 12.07	\$ 15.08	\$ 18.10	\$ 21.12	\$ 24.13	\$ 24.13
5	Annual	\$ 29,420	\$ 36,775	\$ 44,130	\$ 51,485	\$ 58,840	\$ 58,840
	Monthly	\$ 2,452	\$ 3,065	\$ 3,678	\$ 4,290	\$ 4,903	\$ 4,903
	Weekly	\$ 566	\$ 707	\$ 849	\$ 990	\$ 1,132	\$ 1,132
	Hourly	\$ 14.14	\$ 17.68	\$ 21.22	\$ 24.75	\$ 28.29	\$ 28.29
6	Annual	\$ 33,740	\$ 42,175	\$ 50,610	\$ 59,045	\$ 67,480	\$ 67,480
	Monthly	\$ 2,812	\$ 3,515	\$ 4,218	\$ 4,920	\$ 5,623	\$ 5,623
	Weekly	\$ 649	\$ 811	\$ 973	\$ 1,135	\$ 1,298	\$ 1,298
	Hourly	\$ 16.22	\$ 20.28	\$ 24.33	\$ 28.39	\$ 32.44	\$ 32.44
7	Annual	\$ 33,810	\$ 42,263	\$ 50,715	\$ 59,168	\$ 67,620	\$ 67,620
	Monthly	\$ 2,818	\$ 3,522	\$ 4,226	\$ 4,931	\$ 5,635	\$ 5,635
	Weekly	\$ 650	\$ 813	\$ 975	\$ 1,138	\$ 1,300	\$ 1,300
	Hourly	\$ 16.25	\$ 20.32	\$ 24.38	\$ 28.45	\$ 32.51	\$ 32.51
8	Annual	\$ 42,380	\$ 52,975	\$ 63,570	\$ 74,165	\$ 84,760	\$ 84,760
	Monthly	\$ 3,532	\$ 4,415	\$ 5,298	\$ 6,180	\$ 7,063	\$ 7,063
	Weekly	\$ 815	\$ 1,019	\$ 1,223	\$ 1,426	\$ 1,630	\$ 1,630
	Hourly	\$ 20.38	\$ 25.47	\$ 30.56	\$ 35.66	\$ 40.75	\$ 40.75

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,320 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$41,320+\$4,320=\$46,700

DENTAL RESTORATIVE

SLIDING FEE DISCOUNT SCHEDULE - DENTAL RESTORATIVE (PROCEDURE ONLY - NO OUTSIDE LAB COST)

BASED ON THE 2018 FEDERAL POVERTY LEVEL - Effective 7/1/2018

ALL FQHC ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	200%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$50 Payment = to or Less Than	\$60 Fixed Payment = to or Less Than	\$70 Fixed Payment = to or Less Than	\$80 Fixed Payment = to or Less Than	\$85 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 12,140	\$ 15,175	\$ 18,210	\$ 21,245	\$ 24,280	\$ 24,280
	Monthly	\$ 1,012	\$ 1,265	\$ 1,518	\$ 1,770	\$ 2,023	\$ 2,023
	Weekly	\$ 233	\$ 292	\$ 350	\$ 409	\$ 467	\$ 467
	Hourly	\$ 5.84	\$ 7.30	\$ 8.75	\$ 10.21	\$ 11.67	\$ 11.67
2	Annual	\$ 16,460	\$ 20,575	\$ 24,690	\$ 28,805	\$ 32,920	\$ 32,920
	Monthly	\$ 1,372	\$ 1,715	\$ 2,058	\$ 2,400	\$ 2,743	\$ 2,743
	Weekly	\$ 317	\$ 396	\$ 475	\$ 554	\$ 633	\$ 633
	Hourly	\$ 7.91	\$ 9.89	\$ 11.87	\$ 13.85	\$ 15.83	\$ 15.83
3	Annual	\$ 20,780	\$ 25,975	\$ 31,170	\$ 36,365	\$ 41,560	\$ 41,560
	Monthly	\$ 1,732	\$ 2,165	\$ 2,598	\$ 3,030	\$ 3,463	\$ 3,463
	Weekly	\$ 400	\$ 500	\$ 599	\$ 699	\$ 799	\$ 799
	Hourly	\$ 9.99	\$ 12.49	\$ 14.99	\$ 17.48	\$ 19.98	\$ 19.98
4	Annual	\$ 25,100	\$ 31,375	\$ 37,650	\$ 43,925	\$ 50,200	\$ 50,200
	Monthly	\$ 2,092	\$ 2,615	\$ 3,138	\$ 3,660	\$ 4,183	\$ 4,183
	Weekly	\$ 483	\$ 603	\$ 724	\$ 845	\$ 965	\$ 965
	Hourly	\$ 12.07	\$ 15.08	\$ 18.10	\$ 21.12	\$ 24.13	\$ 24.13
5	Annual	\$ 29,420	\$ 36,775	\$ 44,130	\$ 51,485	\$ 58,840	\$ 58,840
	Monthly	\$ 2,452	\$ 3,065	\$ 3,678	\$ 4,290	\$ 4,903	\$ 4,903
	Weekly	\$ 566	\$ 707	\$ 849	\$ 990	\$ 1,132	\$ 1,132
	Hourly	\$ 14.14	\$ 17.68	\$ 21.22	\$ 24.75	\$ 28.29	\$ 28.29
6	Annual	\$ 33,740	\$ 42,175	\$ 50,610	\$ 59,045	\$ 67,480	\$ 67,480
	Monthly	\$ 2,812	\$ 3,515	\$ 4,218	\$ 4,920	\$ 5,623	\$ 5,623
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PHARMACY
SLIDING FEE DISCOUNT SCHEDULE - PHARMACY
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