

MEDICAL
SLIDING FEE DISCOUNT SCHEDULE
 BASED ON THE 2020 FEDERAL POVERTY LEVEL - Effective 2/5/2020
 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 \$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)	\$ 12,760	\$ 15,950	\$ 19,140	\$ 22,330	\$ 25,520	\$ 25,520
	Monthly	\$ 1,063	\$ 1,329	\$ 1,595	\$ 1,861	\$ 2,127	\$ 2,127
	Weekly	\$ 245	\$ 307	\$ 368	\$ 429	\$ 491	\$ 491
2	Annual	\$ 17,240	\$ 21,550	\$ 25,860	\$ 30,170	\$ 34,480	\$ 34,480
	Monthly	\$ 1,437	\$ 1,796	\$ 2,155	\$ 2,514	\$ 2,873	\$ 2,873
	Weekly	\$ 332	\$ 414	\$ 497	\$ 580	\$ 663	\$ 663
3	Annual	\$ 21,720	\$ 27,150	\$ 32,580	\$ 38,010	\$ 43,440	\$ 43,440
	Monthly	\$ 1,810	\$ 2,263	\$ 2,715	\$ 3,168	\$ 3,620	\$ 3,620
	Weekly	\$ 418	\$ 522	\$ 627	\$ 731	\$ 835	\$ 835
4	Annual	\$ 26,200	\$ 32,750	\$ 39,300	\$ 45,850	\$ 52,400	\$ 52,400
	Monthly	\$ 2,183	\$ 2,729	\$ 3,275	\$ 3,821	\$ 4,367	\$ 4,367
	Weekly	\$ 504	\$ 630	\$ 756	\$ 882	\$ 1,008	\$ 1,008
5	Annual	\$ 30,680	\$ 38,350	\$ 46,020	\$ 53,690	\$ 61,360	\$ 61,360
	Monthly	\$ 2,557	\$ 3,196	\$ 3,835	\$ 4,474	\$ 5,113	\$ 5,113
	Weekly	\$ 590	\$ 738	\$ 885	\$ 1,033	\$ 1,180	\$ 1,180
6	Annual	\$ 35,160	\$ 43,950	\$ 52,740	\$ 61,530	\$ 70,320	\$ 70,320
	Monthly	\$ 2,930	\$ 3,663	\$ 4,395	\$ 5,128	\$ 5,860	\$ 5,860
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,352
7	Annual	\$ 39,640	\$ 49,550	\$ 59,460	\$ 69,370	\$ 79,280	\$ 79,280
	Monthly	\$ 3,303	\$ 4,129	\$ 4,955	\$ 5,781	\$ 6,607	\$ 6,607
	Weekly	\$ 762	\$ 953	\$ 1,143	\$ 1,334	\$ 1,525	\$ 1,525
8	Annual	\$ 44,120	\$ 55,150	\$ 66,180	\$ 77,210	\$ 88,240	\$ 88,240
	Monthly	\$ 3,677	\$ 4,596	\$ 5,515	\$ 6,434	\$ 7,353	\$ 7,353
	Weekly	\$ 848	\$ 1,061	\$ 1,273	\$ 1,485	\$ 1,697	\$ 1,697

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,480 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,120+\$4,480=\$48,600

**DENTAL PREVENTATIVE
SLIDING FEE DISCOUNT SCHEDULE
BASED ON THE 2020 FEDERAL POVERTY LEVEL - Effective 2/5/2020
ALL FQHC 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 \$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)	\$ 12,760	\$ 15,950	\$ 19,140	\$ 22,330	\$ 25,520	\$ 25,520
	Monthly	\$ 1,063	\$ 1,329	\$ 1,595	\$ 1,861	\$ 2,127	\$ 2,127
	Weekly	\$ 245	\$ 307	\$ 368	\$ 429	\$ 491	\$ 491
2	Annual	\$ 17,240	\$ 21,550	\$ 25,860	\$ 30,170	\$ 34,480	\$ 34,480
	Monthly	\$ 1,437	\$ 1,796	\$ 2,155	\$ 2,514	\$ 2,873	\$ 2,873
	Weekly	\$ 332	\$ 414	\$ 497	\$ 580	\$ 663	\$ 663
3	Annual	\$ 21,720	\$ 27,150	\$ 32,580	\$ 38,010	\$ 43,440	\$ 43,440
	Monthly	\$ 1,810	\$ 2,263	\$ 2,715	\$ 3,168	\$ 3,620	\$ 3,620
	Weekly	\$ 418	\$ 522	\$ 627	\$ 731	\$ 835	\$ 835
4	Annual	\$ 26,200	\$ 32,750	\$ 39,300	\$ 45,850	\$ 52,400	\$ 52,400
	Monthly	\$ 2,183	\$ 2,729	\$ 3,275	\$ 3,821	\$ 4,367	\$ 4,367
	Weekly	\$ 504	\$ 630	\$ 756	\$ 882	\$ 1,008	\$ 1,008
5	Annual	\$ 30,680	\$ 38,350	\$ 46,020	\$ 53,690	\$ 61,360	\$ 61,360
	Monthly	\$ 2,557	\$ 3,196	\$ 3,835	\$ 4,474	\$ 5,113	\$ 5,113
	Weekly	\$ 590	\$ 738	\$ 885	\$ 1,033	\$ 1,180	\$ 1,180
6	Annual	\$ 35,160	\$ 43,950	\$ 52,740	\$ 61,530	\$ 70,320	\$ 70,320
	Monthly	\$ 2,930	\$ 3,663	\$ 4,395	\$ 5,128	\$ 5,860	\$ 5,860
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,352
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
8	Annual	\$ 44,120	\$ 55,150	\$ 66,180	\$ 77,210	\$ 88,240	\$ 88,240
	Monthly	\$ 3,677	\$ 4,596	\$ 5,515	\$ 6,434	\$ 7,353	\$ 7,353
	Weekly	\$ 848	\$ 1,061	\$ 1,273	\$ 1,485	\$ 1,697	\$ 1,697

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,480 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,120+\$4,480=\$48,600

DENTAL RESTORATIVE

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

BASED ON THE 2020 FEDERAL POVERTY LEVEL - Effective 2/5/2020

ALL FQHC 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 \$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)	\$ 12,760	\$ 15,950	\$ 19,140	\$ 22,330	\$ 25,520	\$ 25,520
	Monthly	\$ 1,063	\$ 1,329	\$ 1,595	\$ 1,861	\$ 2,127	\$ 2,127
	Weekly	\$ 245	\$ 307	\$ 368	\$ 429	\$ 491	\$ 491
2	Annual	\$ 17,240	\$ 21,550	\$ 25,860	\$ 30,170	\$ 34,480	\$ 34,480
	Monthly	\$ 1,437	\$ 1,796	\$ 2,155	\$ 2,514	\$ 2,873	\$ 2,873
	Weekly	\$ 332	\$ 414	\$ 497	\$ 580	\$ 663	\$ 663
3	Annual	\$ 21,720	\$ 27,150	\$ 32,580	\$ 38,010	\$ 43,440	\$ 43,440
	Monthly	\$ 1,810	\$ 2,263	\$ 2,715	\$ 3,168	\$ 3,620	\$ 3,620
	Weekly	\$ 418	\$ 522	\$ 627	\$ 731	\$ 835	\$ 835
4	Annual	\$ 26,200	\$ 32,750	\$ 39,300	\$ 45,850	\$ 52,400	\$ 52,400
	Monthly	\$ 2,183	\$ 2,729	\$ 3,275	\$ 3,821	\$ 4,367	\$ 4,367
	Weekly	\$ 504	\$ 630	\$ 756	\$ 882	\$ 1,008	\$ 1,008
5	Annual	\$ 30,680	\$ 38,350	\$ 46,020	\$ 53,690	\$ 61,360	\$ 61,360
	Monthly	\$ 2,557	\$ 3,196	\$ 3,835	\$ 4,474	\$ 5,113	\$ 5,113
	Weekly	\$ 590	\$ 738	\$ 885	\$ 1,033	\$ 1,180	\$ 1,180
6	Annual	\$ 35,160	\$ 43,950	\$ 52,740	\$ 61,530	\$ 70,320	\$ 70,320
	Monthly	\$ 2,930	\$ 3,663	\$ 4,395	\$ 5,128	\$ 5,860	\$ 5,860
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,352
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
8	Annual	\$ 44,120	\$ 55,150	\$ 66,180	\$ 77,210	\$ 88,240	\$ 88,240
	Monthly	\$ 3,677	\$ 4,596	\$ 5,515	\$ 6,434	\$ 7,353	\$ 7,353
	Weekly	\$ 848	\$ 1,061	\$ 1,273	\$ 1,485	\$ 1,697	\$ 1,697

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,480 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,120+\$4,480=\$48,600

PHARMACY

SLIDING FEE DISCOUNT SCHEDULE - PHARMACY BASED ON THE 2020 FEDERAL POVERTY LEVEL - Effective 2/5/2020 ALL FQHC AND ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E
		100%	125%	150%	200%	201%
	FPL >	0-100%	101-125%	126-150%	151-200%	Over 200%
	DISCOUNT >	100% Discount \$2 Payment = to or Less Than	\$5 Fixed Payment = to or Less Than	\$10 Fixed Payment = to or Less Than	\$15 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
FAMILY SIZE						
1	Annual (up to)	\$ 12,760	\$ 15,950	\$ 19,140	\$ 25,520	\$ 25,520
	Monthly	\$ 1,063	\$ 1,329	\$ 1,595	\$ 2,127	\$ 2,127
	Weekly	\$ 245	\$ 307	\$ 368	\$ 491	\$ 491
2	Annual	\$ 17,240	\$ 21,550	\$ 25,860	\$ 34,480	\$ 34,480
	Monthly	\$ 1,437	\$ 1,796	\$ 2,155	\$ 2,873	\$ 2,873
	Weekly	\$ 332	\$ 414	\$ 497	\$ 663	\$ 663
3	Annual	\$ 21,720	\$ 27,150	\$ 32,580	\$ 43,440	\$ 43,440
	Monthly	\$ 1,810	\$ 2,263	\$ 2,715	\$ 3,620	\$ 3,620
	Weekly	\$ 418	\$ 522	\$ 627	\$ 835	\$ 835
4	Annual	\$ 26,200	\$ 32,750	\$ 39,300	\$ 52,400	\$ 52,400
	Monthly	\$ 2,183	\$ 2,729	\$ 3,275	\$ 4,367	\$ 4,367
	Weekly	\$ 504	\$ 630	\$ 756	\$ 1,008	\$ 1,008
5	Annual	\$ 30,680	\$ 38,350	\$ 46,020	\$ 61,360	\$ 61,360
	Monthly	\$ 2,557	\$ 3,196	\$ 3,835	\$ 5,113	\$ 5,113
	Weekly	\$ 590	\$ 738	\$ 885	\$ 1,180	\$ 1,180
6	Annual	\$ 35,160	\$ 43,950	\$ 52,740	\$ 70,320	\$ 70,320
	Monthly	\$ 2,930	\$ 3,663	\$ 4,395	\$ 5,860	\$ 5,860
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,352	\$ 1,352
7	Annual	\$ 39,640	\$ 49,550	\$ 59,460	\$ 79,280	\$ 79,280
	Monthly	\$ 3,303	\$ 4,129	\$ 4,955	\$ 6,607	\$ 6,607
	Weekly	\$ 762	\$ 953	\$ 1,143	\$ 1,525	\$ 1,525
8	Annual	\$ 44,120	\$ 55,150	\$ 66,180	\$ 88,240	\$ 88,240
	Monthly	\$ 3,677	\$ 4,596	\$ 5,515	\$ 7,353	\$ 7,353
	Weekly	\$ 848	\$ 1,061	\$ 1,273	\$ 1,697	\$ 1,697

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,480 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,120+\$4,480=\$48,600