



MOUNTAIN LAUREL MEDICAL CENTER

Sliding Fee Schedule

Based on 2018 Federal Poverty Guidelines

Family Size	A		B		C		D		E	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$ 12,060	\$12,061	\$ 15,075	\$15,076	\$ 18,090	\$ 18,091	\$ 21,105	\$ 21,106	\$ 24,120
2	\$0	\$ 16,240	\$16,241	\$ 20,300	\$20,301	\$ 24,360	\$ 24,361	\$ 28,420	\$ 28,421	\$ 32,480
3	\$0	\$ 20,420	\$20,421	\$ 25,525	\$25,526	\$ 30,630	\$ 30,631	\$ 35,735	\$ 35,736	\$ 40,840
4	\$0	\$ 24,600	\$24,601	\$ 30,750	\$30,751	\$ 36,900	\$ 36,901	\$ 43,050	\$ 43,051	\$ 49,200
5	\$0	\$ 28,780	\$28,781	\$ 35,975	\$35,976	\$ 43,170	\$ 43,171	\$ 50,365	\$ 50,366	\$ 57,560
6	\$0	\$ 32,960	\$32,961	\$ 41,200	\$41,201	\$ 49,440	\$ 49,441	\$ 57,680	\$ 57,681	\$ 65,920
7	\$0	\$ 37,140	\$37,141	\$ 46,425	\$46,426	\$ 55,710	\$ 55,711	\$ 64,995	\$ 64,996	\$ 74,280
8	\$0	\$ 41,320	\$41,321	\$ 51,650	\$51,651	\$ 61,980	\$ 61,981	\$ 72,310	\$ 72,311	\$ 82,640
9	\$0	\$ 45,500	\$45,501	\$ 56,875	\$56,876	\$ 68,250	\$ 68,251	\$ 79,625	\$ 79,626	\$ 91,000
10	\$0	\$ 49,680	\$49,681	\$ 62,100	\$62,101	\$ 74,520	\$ 74,521	\$ 86,940	\$ 86,941	\$ 99,360
11	\$0	\$ 53,860	\$53,861	\$ 67,325	\$67,326	\$ 80,790	\$ 80,791	\$ 94,255	\$ 94,256	\$ 107,720
12	\$0	\$ 58,040	\$58,041	\$ 72,550	\$72,551	\$ 87,060	\$ 87,061	\$ 101,570	\$ 101,571	\$ 116,080
13	\$0	\$ 62,220	\$62,221	\$ 77,775	\$77,776	\$ 93,330	\$ 93,331	\$ 108,885	\$ 108,886	\$ 124,440
14	\$0	\$ 66,400	\$66,401	\$ 83,000	\$83,001	\$ 99,600	\$ 99,601	\$ 116,200	\$ 116,201	\$ 132,800
15	\$0	\$ 70,580	\$70,581	\$ 88,225	\$88,226	\$ 105,870	\$ 105,871	\$ 123,515	\$ 123,516	\$ 141,160
% Poverty	100%		125%		150%		175%		200%	
MEDICAL CODE*	Slide A \$20		Slide B \$25		Slide C \$30		Slide D \$35		Slide E \$40	
PHARMACY CODE	Slide A \$0		Slide B \$12		Slide C \$15		Slide D \$18		Slide E \$20	
DENTAL CODE	Slide A \$25		Slide B \$30		Slide C \$35		Slide D \$40		Slide E \$45	
CO-INSURANCE CODE	Slide A \$0		Slide B \$3		Slide C \$5		Slide D \$10		Slide E \$15	

For Family Units with more than 15 members, for each additional member add \$4,180.00

*** Patient Pays at a Minimum a \$20 Nominal Fee for Medical Visits**

See the back of this form to see who may be counted in the "Family Size."