



MOUNTAIN LAUREL MEDICAL CENTER

Sliding Fee Schedule

Based on 2019 Federal Poverty Guidelines

Family Size	A		B		C		D		E	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$ 12,490	\$ 12,491	\$ 15,613	\$ 15,614	\$ 18,735	\$ 18,736	\$ 21,858	\$ 21,859	\$ 24,980
2	\$0	\$ 16,910	\$ 16,911	\$ 21,138	\$ 21,139	\$ 25,365	\$ 25,366	\$ 29,593	\$ 29,594	\$ 33,820
3	\$0	\$ 21,330	\$ 21,331	\$ 26,663	\$ 26,664	\$ 31,995	\$ 31,996	\$ 37,328	\$ 37,329	\$ 42,660
4	\$0	\$ 25,750	\$ 25,751	\$ 32,188	\$ 32,189	\$ 38,625	\$ 38,626	\$ 45,063	\$ 45,064	\$ 51,500
5	\$0	\$ 30,170	\$ 30,171	\$ 37,713	\$ 37,714	\$ 45,255	\$ 45,256	\$ 52,798	\$ 52,799	\$ 60,340
6	\$0	\$ 34,590	\$ 34,591	\$ 43,238	\$ 43,239	\$ 51,885	\$ 51,886	\$ 60,533	\$ 60,534	\$ 69,180
7	\$0	\$ 39,010	\$ 39,011	\$ 48,763	\$ 48,764	\$ 58,515	\$ 58,516	\$ 68,268	\$ 68,269	\$ 78,020
8	\$0	\$ 43,430	\$ 43,431	\$ 54,288	\$ 54,289	\$ 65,145	\$ 65,146	\$ 76,003	\$ 76,004	\$ 86,860
9	\$0	\$ 47,850	\$ 47,851	\$ 59,813	\$ 59,814	\$ 71,775	\$ 71,776	\$ 83,738	\$ 83,739	\$ 95,700
10	\$0	\$ 52,270	\$ 52,271	\$ 65,338	\$ 65,339	\$ 78,405	\$ 78,406	\$ 91,473	\$ 91,474	\$ 104,540
11	\$0	\$ 56,690	\$ 56,691	\$ 70,863	\$ 70,864	\$ 85,035	\$ 85,036	\$ 99,208	\$ 99,209	\$ 113,380
12	\$0	\$ 61,110	\$ 61,111	\$ 76,388	\$ 76,389	\$ 91,665	\$ 91,666	\$ 106,943	\$ 106,944	\$ 122,220
13	\$0	\$ 65,530	\$ 65,531	\$ 81,913	\$ 81,914	\$ 98,295	\$ 98,296	\$ 114,678	\$ 114,679	\$ 131,060
14	\$0	\$ 69,950	\$ 69,951	\$ 87,438	\$ 87,439	\$ 104,925	\$ 104,926	\$ 122,413	\$ 122,414	\$ 139,900
15	\$0	\$ 74,370	\$ 74,371	\$ 92,963	\$ 92,964	\$ 111,555	\$ 111,556	\$ 130,148	\$ 130,149	\$ 148,740
% 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	MLMC Lowest Cost		MLMC Lowest Cost + Admin Fee		MLMC Lowest Cost +Admin Fee +\$5		MLMC Lowest Cost +Admin Fee +\$10		MLMC Lowest Cost +Admin Fee +\$15	
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 \$4,420.00

* 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."