



# MOUNTAIN LAUREL MEDICAL CENTER

## Sliding Fee Schedule Based on 2020 Federal Poverty Guidelines

Family Size	A		B		C		D		E	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$ 12,760	\$ 12,761	\$ 15,950	\$ 15,951	\$ 19,140	\$ 19,141	\$ 22,330	\$ 22,331	\$ 25,520
2	\$0	\$ 17,240	\$ 17,241	\$ 21,550	\$ 21,551	\$ 25,860	\$ 25,861	\$ 30,170	\$ 30,171	\$ 34,480
3	\$0	\$ 21,720	\$ 21,721	\$ 27,150	\$ 27,151	\$ 32,580	\$ 32,581	\$ 38,010	\$ 38,011	\$ 43,440
4	\$0	\$ 26,200	\$ 26,201	\$ 32,750	\$ 32,751	\$ 39,300	\$ 39,301	\$ 45,850	\$ 45,851	\$ 52,400
5	\$0	\$ 30,680	\$ 30,681	\$ 38,350	\$ 38,351	\$ 46,020	\$ 46,021	\$ 53,690	\$ 53,691	\$ 61,360
6	\$0	\$ 35,160	\$ 35,161	\$ 43,950	\$ 43,951	\$ 52,740	\$ 52,741	\$ 61,530	\$ 61,531	\$ 70,320
7	\$0	\$ 39,640	\$ 39,641	\$ 49,550	\$ 49,551	\$ 59,460	\$ 59,461	\$ 69,370	\$ 69,371	\$ 79,280
8	\$0	\$ 44,120	\$ 44,121	\$ 55,150	\$ 55,151	\$ 66,180	\$ 66,181	\$ 77,210	\$ 77,211	\$ 88,240
9	\$0	\$ 48,600	\$ 48,601	\$ 60,750	\$ 60,751	\$ 72,900	\$ 72,901	\$ 85,050	\$ 85,051	\$ 97,200
10	\$0	\$ 53,080	\$ 53,081	\$ 66,350	\$ 66,351	\$ 79,620	\$ 79,621	\$ 92,890	\$ 92,891	\$ 106,160
11	\$0	\$ 57,560	\$ 57,561	\$ 71,950	\$ 71,951	\$ 86,340	\$ 86,341	\$ 100,730	\$ 100,731	\$ 115,120
12	\$0	\$ 62,040	\$ 62,041	\$ 77,550	\$ 77,551	\$ 93,060	\$ 93,061	\$ 108,570	\$ 108,571	\$ 124,080
13	\$0	\$ 66,520	\$ 66,521	\$ 83,150	\$ 83,151	\$ 99,780	\$ 99,781	\$ 116,410	\$ 116,411	\$ 133,040
14	\$0	\$ 71,000	\$ 71,001	\$ 88,750	\$ 88,751	\$ 106,500	\$ 106,501	\$ 124,250	\$ 124,251	\$ 142,000
15	\$0	\$ 75,480	\$ 75,481	\$ 94,350	\$ 94,351	\$ 113,220	\$ 113,221	\$ 132,090	\$ 132,091	\$ 150,960
% 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	
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 \$4,480.00

\* 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."

## Relationship



### A qualifying child is a child who is your...

Son, daughter, stepchild foster child, or a descendent of any of them (for example, your grandchild)

**OR**

Brother, sister, half-brother, half-sister, stepbrother, stepsister, or a descendent of any of them (for example, your niece or nephew)

## Age

**AND**

was...

Under age 10 at the end of last year and younger than you (or your spouse, if filing jointly)

**OR**

Under age 26 at the end of last year, a student, and younger than you (or your spouse, if filing jointly)

**OR**

Permanently and totally disabled at any time during the year, regardless of age



**AND**

## Residency



Who lived with you in the United States for more than

half of last year.