

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Does your family fall within the income guidelines for your household size? Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to Answer \_\_\_\_\_

2. If yes, would you like to learn how you may qualify for a reduced rate for services? Yes \_\_\_\_\_ No \_\_\_\_\_



## Sliding Fee Schedule

**Based on 2023 Federal Poverty Guidelines**

Family Size	A		B		C		D		E	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$ 14,580	\$ 14,581	\$ 18,225	\$ 18,226	\$ 21,870	\$ 21,871	\$ 25,515	\$ 25,516	\$ 29,160
2	\$0	\$ 19,720	\$ 19,721	\$ 24,650	\$ 24,651	\$ 29,580	\$ 29,581	\$ 34,510	\$ 34,511	\$ 39,440
3	\$0	\$ 24,860	\$ 24,861	\$ 31,075	\$ 31,076	\$ 37,290	\$ 37,291	\$ 43,505	\$ 43,506	\$ 49,720
4	\$0	\$ 30,000	\$ 30,001	\$ 37,500	\$ 37,501	\$ 45,000	\$ 45,001	\$ 52,500	\$ 52,501	\$ 60,000
5	\$0	\$ 35,140	\$ 35,141	\$ 43,925	\$ 43,926	\$ 52,710	\$ 52,711	\$ 61,495	\$ 61,496	\$ 70,280
6	\$0	\$ 40,280	\$ 40,281	\$ 50,350	\$ 50,351	\$ 60,420	\$ 60,421	\$ 70,490	\$ 70,491	\$ 80,560
7	\$0	\$ 45,420	\$ 45,421	\$ 56,775	\$ 56,776	\$ 68,130	\$ 68,131	\$ 79,485	\$ 79,486	\$ 90,840
8	\$0	\$ 50,560	\$ 50,561	\$ 63,200	\$ 63,201	\$ 75,840	\$ 75,841	\$ 88,480	\$ 88,481	\$ 101,120
9	\$0	\$ 55,700	\$ 55,701	\$ 69,625	\$ 69,626	\$ 83,550	\$ 83,551	\$ 97,475	\$ 97,476	\$ 111,400
10	\$0	\$ 60,840	\$ 60,841	\$ 76,050	\$ 76,051	\$ 91,260	\$ 91,261	\$ 106,470	\$ 106,471	\$ 121,680
11	\$0	\$ 65,980	\$ 65,981	\$ 82,475	\$ 82,476	\$ 98,970	\$ 98,971	\$ 115,465	\$ 115,466	\$ 131,960
12	\$0	\$ 71,120	\$ 71,121	\$ 88,900	\$ 88,901	\$ 106,680	\$ 106,681	\$ 124,460	\$ 124,461	\$ 142,240
13	\$0	\$ 76,260	\$ 76,261	\$ 95,325	\$ 95,326	\$ 114,390	\$ 114,391	\$ 133,455	\$ 133,456	\$ 152,520
14	\$0	\$ 81,400	\$ 81,401	\$ 101,750	\$ 101,751	\$ 122,100	\$ 122,101	\$ 142,450	\$ 142,451	\$ 162,800
15	\$0	\$ 86,540	\$ 86,541	\$ 108,175	\$ 108,176	\$ 129,810	\$ 129,811	\$ 151,445	\$ 151,446	\$ 173,080
Each Additional Member Add	\$5,140		\$6,435		\$7,710		\$8,995		\$10,280	
% 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	

**\* 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."

\*Effective 1/24/2023