

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 _____



MOUNTAIN LAUREL MEDICAL CENTER

Sliding Fee Schedule Based on 2024 Federal Poverty Guidelines

Family Size	A		B		C		D		E	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$ 15,060	\$ 15,060.01	\$ 18,825	\$ 18,825.01	\$ 22,590	\$ 22,590.01	\$ 26,355	\$ 26,355.01	\$ 30,120
2	\$0	\$ 20,440	\$ 20,440.01	\$ 25,550	\$ 25,550.01	\$ 30,660	\$ 30,660.01	\$ 35,770	\$ 35,770.01	\$ 40,880
3	\$0	\$ 25,820	\$ 25,820.01	\$ 32,275	\$ 32,275.01	\$ 38,730	\$ 38,730.01	\$ 45,185	\$ 45,185.01	\$ 51,640
4	\$0	\$ 31,200	\$ 31,200.01	\$ 39,000	\$ 39,000.01	\$ 46,800	\$ 46,800.01	\$ 54,600	\$ 54,600.01	\$ 62,400
5	\$0	\$ 36,580	\$ 36,580.01	\$ 45,725	\$ 45,725.01	\$ 54,870	\$ 54,870.01	\$ 64,015	\$ 64,015.01	\$ 73,160
6	\$0	\$ 41,960	\$ 41,960.01	\$ 52,450	\$ 52,450.01	\$ 62,940	\$ 62,940.01	\$ 73,430	\$ 73,430.01	\$ 83,920
7	\$0	\$ 47,340	\$ 47,340.01	\$ 59,175	\$ 59,175.01	\$ 71,010	\$ 71,010.01	\$ 82,845	\$ 82,845.01	\$ 94,680
8	\$0	\$ 52,720	\$ 52,720.01	\$ 65,900	\$ 65,900.01	\$ 79,080	\$ 79,080.01	\$ 92,260	\$ 92,260.01	\$ 105,440
9	\$0	\$ 58,100	\$ 58,100.01	\$ 72,625	\$ 72,625.01	\$ 87,150	\$ 87,150.01	\$ 101,675	\$ 101,675.01	\$ 116,200
10	\$0	\$ 63,480	\$ 63,480.01	\$ 79,350	\$ 79,350.01	\$ 95,220	\$ 95,220.01	\$ 111,090	\$ 111,090.01	\$ 126,960
11	\$0	\$ 68,860	\$ 68,860.01	\$ 86,075	\$ 86,075.01	\$ 103,290	\$ 103,290.01	\$ 120,505	\$ 120,505.01	\$ 137,720
12	\$0	\$ 74,240	\$ 74,240.01	\$ 92,800	\$ 92,800.01	\$ 111,360	\$ 111,360.01	\$ 129,920	\$ 129,920.01	\$ 148,480
13	\$0	\$ 79,620	\$ 79,620.01	\$ 99,525	\$ 99,525.01	\$ 119,430	\$ 119,430.01	\$ 139,335	\$ 139,335.01	\$ 159,240
14	\$0	\$ 85,000	\$ 85,000.01	\$ 106,250	\$ 106,250.01	\$ 127,500	\$ 127,500.01	\$ 148,750	\$ 148,750.01	\$ 170,000
15	\$0	\$ 90,380	\$ 90,380.01	\$ 112,975	\$ 112,975.01	\$ 135,570	\$ 135,570.01	\$ 158,165	\$ 158,165.01	\$ 180,760
Each Additional Member Add	\$5,380		\$6,725		\$8,070		\$9,415		\$10,760	
% 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 1/12/2024