

		2022	2021		
CATEGOR	SLIDE >	SLIDE A	SLIDE A		
		100%	100%		
	FPL >	0-100%	0-100%		
	DISCOUNT	100% Discount \$30 Payment = to or Less Than	100% Discount \$30 Payment = to or Less Than		
FAMILY SIZE				Change	
1	Annual (u	\$13,590	\$ 12,880	\$ 710	
	Monthly	\$ 1,133	\$ 1,073	\$ 59	
	Weekly	\$ 261	\$ 248	\$ 14	
2	Annual	\$18,310	\$ 17,420	\$ 890	
	Monthly	\$ 1,526	\$ 1,452	\$ 74	
	Weekly	\$ 352	\$ 335	\$ 17	
3	Annual	\$23,030	\$ 21,960	\$ 1,070	
	Monthly	\$ 1,919	\$ 1,830	\$ 89	
	Weekly	\$ 443	\$ 422	\$ 21	
4	Annual	\$27,750	\$ 26,500	\$ 1,250	
	Monthly	\$ 2,313	\$ 2,208	\$ 104	
	Weekly	\$ 534	\$ 510	\$ 24	
5	Annual	\$32,470	\$ 31,040	\$ 1,430	
	Monthly	\$ 2,706	\$ 2,587	\$ 119	
	Weekly	\$ 624	\$ 597	\$ 28	
6	Annual	\$37,190	\$ 35,580	\$ 1,610	
	Monthly	\$ 3,099	\$ 2,965	\$ 134	
	Weekly	\$ 715	\$ 684	\$ 31	
7	Annual	\$41,910	\$ 40,120	\$ 1,790	
	Monthly	\$ 3,493	\$ 3,343	\$ 149	
	Weekly	\$ 806	\$ 772	\$ 34	
8	Annual	\$46,630	\$ 44,660	\$ 1,970	
	Monthly	\$ 3,886	\$ 3,722	\$ 164	
	Weekly	\$ 897	\$ 859	\$ 38	

MEDICAL

SLIDING FEE DISCOUNT SCHEDULE

BASED ON THE 2023 FEDERAL POVERTY LEVEL - Effective 2/8/2023

ALL FQHC AND ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	201%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$30 Payment = to or Less Than	\$35 Fixed Payment = to or Less Than	\$40 Fixed Payment = to or Less Than	\$45 Fixed Payment = to or Less Than	\$50 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160	\$ 29,161
	Monthly	\$ 1,215	\$ 1,519	\$ 1,823	\$ 2,126	\$ 2,430	\$ 2,431
	Weekly	\$ 280	\$ 350	\$ 421	\$ 491	\$ 561	\$ 562
2	Annual	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440	\$ 39,441
	Monthly	\$ 1,643	\$ 2,054	\$ 2,465	\$ 2,876	\$ 3,287	\$ 3,288
	Weekly	\$ 379	\$ 474	\$ 569	\$ 664	\$ 758	\$ 759
3	Annual	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720	\$ 49,721
	Monthly	\$ 2,072	\$ 2,590	\$ 3,108	\$ 3,625	\$ 4,143	\$ 4,144
	Weekly	\$ 478	\$ 598	\$ 717	\$ 837	\$ 956	\$ 957
4	Annual	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000	\$ 60,001
	Monthly	\$ 2,500	\$ 3,125	\$ 3,750	\$ 4,375	\$ 5,000	\$ 5,001
	Weekly	\$ 577	\$ 721	\$ 865	\$ 1,010	\$ 1,154	\$ 1,155
5	Annual	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280	\$ 70,281
	Monthly	\$ 2,928	\$ 3,660	\$ 4,393	\$ 5,125	\$ 5,857	\$ 5,858
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,353
6	Annual	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560	\$ 80,561
	Monthly	\$ 3,357	\$ 4,196	\$ 5,035	\$ 5,874	\$ 6,713	\$ 6,714
	Weekly	\$ 775	\$ 968	\$ 1,162	\$ 1,356	\$ 1,549	\$ 1,550
7	Annual	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840	\$ 90,841
	Monthly	\$ 3,785	\$ 4,731	\$ 5,678	\$ 6,624	\$ 7,570	\$ 7,571
	Weekly	\$ 873	\$ 1,092	\$ 1,310	\$ 1,529	\$ 1,747	\$ 1,748
8	Annual	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120	\$ 101,121
	Monthly	\$ 4,213	\$ 5,267	\$ 6,320	\$ 7,373	\$ 8,427	\$ 8,428
	Weekly	\$ 972	\$ 1,215	\$ 1,458	\$ 1,702	\$ 1,945	\$ 1,946

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,140 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,660+\$5,140=\$49,800

**DENTAL PREVENTATIVE
SLIDING FEE DISCOUNT SCHEDULE
BASED ON THE 2023 FEDERAL POVERTY LEVEL - Effective 2/8/2023
ALL FQHC AND ELIGIBLE PATIENTS**

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	201%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$30 Payment = to or Less Than	\$35 Fixed Payment = to or Less Than	\$40 Fixed Payment = to or Less Than	\$45 Fixed Payment = to or Less Than	\$50 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160	\$ 29,161
	Monthly	\$ 1,215	\$ 1,519	\$ 1,823	\$ 2,126	\$ 2,430	\$ 2,431
	Weekly	\$ 280	\$ 350	\$ 421	\$ 491	\$ 561	\$ 562
2	Annual	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440	\$ 39,441
	Monthly	\$ 1,643	\$ 2,054	\$ 2,465	\$ 2,876	\$ 3,287	\$ 3,288
	Weekly	\$ 379	\$ 474	\$ 569	\$ 664	\$ 758	\$ 759
3	Annual	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720	\$ 49,721
	Monthly	\$ 2,072	\$ 2,590	\$ 3,108	\$ 3,625	\$ 4,143	\$ 4,144
	Weekly	\$ 478	\$ 598	\$ 717	\$ 837	\$ 956	\$ 957
4	Annual	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000	\$ 60,001
	Monthly	\$ 2,500	\$ 3,125	\$ 3,750	\$ 4,375	\$ 5,000	\$ 5,001
	Weekly	\$ 577	\$ 721	\$ 865	\$ 1,010	\$ 1,154	\$ 1,155
5	Annual	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280	\$ 70,281
	Monthly	\$ 2,928	\$ 3,660	\$ 4,393	\$ 5,125	\$ 5,857	\$ 5,858
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,353
6	Annual	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560	\$ 80,561
	Monthly	\$ 3,357	\$ 4,196	\$ 5,035	\$ 5,874	\$ 6,713	\$ 6,714
	Weekly	\$ 775	\$ 968	\$ 1,162	\$ 1,356	\$ 1,549	\$ 1,550
7	Annual	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840	\$ 90,841
	Monthly	\$ 3,785	\$ 4,731	\$ 5,678	\$ 6,624	\$ 7,570	\$ 7,571
	Weekly	\$ 873	\$ 1,092	\$ 1,310	\$ 1,529	\$ 1,747	\$ 1,748
8	Annual	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120	\$ 101,121
	Monthly	\$ 4,213	\$ 5,267	\$ 6,320	\$ 7,373	\$ 8,427	\$ 8,428
	Weekly	\$ 972	\$ 1,215	\$ 1,458	\$ 1,702	\$ 1,945	\$ 1,946

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,140 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,660+\$5,140=\$49,800

DENTAL RESTORATIVE

SLIDING FEE DISCOUNT SCHEDULE - DENTAL RESTORATIVE (PROCEDURE ONLY - NO OUTSIDE LAB COST)

BASED ON THE 2023 FEDERAL POVERTY LEVEL - Effective 2/8/2023

ALL FQHC AND ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
		100%	125%	150%	175%	200%	201%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	Over 200%
FAMILY SIZE	DISCOUNT >	100% Discount \$30 Payment = to or Less Than	\$35 Fixed Payment = to or Less Than	\$40 Fixed Payment = to or Less Than	\$45 Fixed Payment = to or Less Than	\$50 Fixed Payment = to or Less Than	No Discount Pay Charges OVER
1	Annual (up to)	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160	\$ 29,161
	Monthly	\$ 1,215	\$ 1,519	\$ 1,823	\$ 2,126	\$ 2,430	\$ 2,431
	Weekly	\$ 280	\$ 350	\$ 421	\$ 491	\$ 561	\$ 562
2	Annual	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440	\$ 39,441
	Monthly	\$ 1,643	\$ 2,054	\$ 2,465	\$ 2,876	\$ 3,287	\$ 3,288
	Weekly	\$ 379	\$ 474	\$ 569	\$ 664	\$ 758	\$ 759
3	Annual	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720	\$ 49,721
	Monthly	\$ 2,072	\$ 2,590	\$ 3,108	\$ 3,625	\$ 4,143	\$ 4,144
	Weekly	\$ 478	\$ 598	\$ 717	\$ 837	\$ 956	\$ 957
4	Annual	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000	\$ 60,001
	Monthly	\$ 2,500	\$ 3,125	\$ 3,750	\$ 4,375	\$ 5,000	\$ 5,001
	Weekly	\$ 577	\$ 721	\$ 865	\$ 1,010	\$ 1,154	\$ 1,155
5	Annual	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280	\$ 70,281
	Monthly	\$ 2,928	\$ 3,660	\$ 4,393	\$ 5,125	\$ 5,857	\$ 5,858
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,353
6	Annual	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560	\$ 80,561
	Monthly	\$ 3,357	\$ 4,196	\$ 5,035	\$ 5,874	\$ 6,713	\$ 6,714
	Weekly	\$ 775	\$ 968	\$ 1,162	\$ 1,356	\$ 1,549	\$ 1,550
7	Annual	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840	\$ 90,841
	Monthly	\$ 3,785	\$ 4,731	\$ 5,678	\$ 6,624	\$ 7,570	\$ 7,571
	Weekly	\$ 873	\$ 1,092	\$ 1,310	\$ 1,529	\$ 1,747	\$ 1,748
8	Annual	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120	\$ 101,121
	Monthly	\$ 4,213	\$ 5,267	\$ 6,320	\$ 7,373	\$ 8,427	\$ 8,428
	Weekly	\$ 972	\$ 1,215	\$ 1,458	\$ 1,702	\$ 1,945	\$ 1,946

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,140 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,660+\$5,140=\$49,800

TITLE X
SLIDING FEE DISCOUNT SCHEDULE
BASED ON THE 2023 FEDERAL POVERTY LEVEL - Effective 2/8/2023
ALL FQHC AND ELIGIBLE PATIENTS

CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F	SLIDE G	SLIDE H
		100%	125%	150%	175%	200%	225%	250%	251%
	FPL >	0-100%	101-125%	126-150%	151-175%	176-200%	201-225%	226-250%	Over 250%
FAMILY SIZE	DISCOUNT >	No Charge Eligible for Family Pact	Patient Pays 80% of charges	Patient Pays 85% of charges	No Discount Patient Pays 100% of charges				
1	Annual (up to)	\$ 14,580	\$ 18,225	\$ 21,870	\$ 25,515	\$ 29,160	\$ 32,805	\$ 36,450	\$ 36,451
	Monthly	\$ 1,215	\$ 1,519	\$ 1,823	\$ 2,126	\$ 2,430	\$ 2,734	\$ 3,038	\$ 3,039
	Weekly	\$ 280	\$ 350	\$ 421	\$ 491	\$ 561	\$ 631	\$ 701	\$ 702
2	Annual	\$ 19,720	\$ 24,650	\$ 29,580	\$ 34,510	\$ 39,440	\$ 44,370	\$ 49,300	\$ 49,301
	Monthly	\$ 1,643	\$ 2,054	\$ 2,465	\$ 2,876	\$ 3,287	\$ 3,698	\$ 4,108	\$ 4,109
	Weekly	\$ 379	\$ 474	\$ 569	\$ 664	\$ 758	\$ 853	\$ 948	\$ 949
3	Annual	\$ 24,860	\$ 31,075	\$ 37,290	\$ 43,505	\$ 49,720	\$ 55,935	\$ 62,150	\$ 62,151
	Monthly	\$ 2,072	\$ 2,590	\$ 3,108	\$ 3,625	\$ 4,143	\$ 4,661	\$ 5,179	\$ 5,180
	Weekly	\$ 478	\$ 598	\$ 717	\$ 837	\$ 956	\$ 1,076	\$ 1,195	\$ 1,196
4	Annual	\$ 30,000	\$ 37,500	\$ 45,000	\$ 52,500	\$ 60,000	\$ 67,500	\$ 75,000	\$ 75,001
	Monthly	\$ 2,500	\$ 3,125	\$ 3,750	\$ 4,375	\$ 5,000	\$ 5,625	\$ 6,250	\$ 6,251
	Weekly	\$ 577	\$ 721	\$ 865	\$ 1,010	\$ 1,154	\$ 1,298	\$ 1,442	\$ 1,443
5	Annual	\$ 35,140	\$ 43,925	\$ 52,710	\$ 61,495	\$ 70,280	\$ 79,065	\$ 87,850	\$ 87,851
	Monthly	\$ 2,928	\$ 3,660	\$ 4,393	\$ 5,125	\$ 5,857	\$ 6,589	\$ 7,321	\$ 7,322
	Weekly	\$ 676	\$ 845	\$ 1,014	\$ 1,183	\$ 1,352	\$ 1,520	\$ 1,689	\$ 1,690
6	Annual	\$ 40,280	\$ 50,350	\$ 60,420	\$ 70,490	\$ 80,560	\$ 90,630	\$ 100,700	\$ 100,701
	Monthly	\$ 3,357	\$ 4,196	\$ 5,035	\$ 5,874	\$ 6,713	\$ 7,553	\$ 8,392	\$ 8,393
	Weekly	\$ 775	\$ 968	\$ 1,162	\$ 1,356	\$ 1,549	\$ 1,743	\$ 1,937	\$ 1,938
7	Annual	\$ 45,420	\$ 56,775	\$ 68,130	\$ 79,485	\$ 90,840	\$ 102,195	\$ 113,550	\$ 113,551
	Monthly	\$ 3,785	\$ 4,731	\$ 5,678	\$ 6,624	\$ 7,570	\$ 8,516	\$ 9,463	\$ 9,464
	Weekly	\$ 873	\$ 1,092	\$ 1,310	\$ 1,529	\$ 1,747	\$ 1,965	\$ 2,184	\$ 2,185
8	Annual	\$ 50,560	\$ 63,200	\$ 75,840	\$ 88,480	\$ 101,120	\$ 113,760	\$ 126,400	\$ 126,401
	Monthly	\$ 4,213	\$ 5,267	\$ 6,320	\$ 7,373	\$ 8,427	\$ 9,480	\$ 10,533	\$ 10,534
	Weekly	\$ 972	\$ 1,215	\$ 1,458	\$ 1,702	\$ 1,945	\$ 2,188	\$ 2,431	\$ 2,432

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,140 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL. Example: Family of 9 FPL= \$44,660+\$5,140=\$49,800