



Patient Discount Program Scale: Percentage of Established Charges Based on Household Income and Size.

Scale below is based on the most recent HHS Federal Poverty Guidelines effective: January 2024

Household Size	≤ 100% FPG				> 200% FPG
	Slide A	Slide B	Slide C	Slide D	No Slide Given
	Pt. Responsibility:	Pt. Responsibility:	Pt. Responsibility:	Pt. Responsibility:	Pt. Responsibility:
	Nominal Fee \$15.00	20% of Established Charge	40% of Established Charge	60% of Established Charge	100% of Established Charge
1	≤ 15,060	15,061 - 20,030	20,031 - 25,000	25,001 - 30,120	30,121 +
2	≤ 20,440	20,441 - 27,185	27,186 - 33,930	33,931 - 40,880	40,881 +
3	≤ 25,820	25,821 - 34,341	34,342 - 42,861	42,862 - 51,640	51,641 +
4	≤ 31,200	31,201 - 41,496	41,497 - 51,792	51,793 - 62,400	62,401 +
5	≤ 36,580	36,581 - 48,651	48,652 - 60,723	60,724 - 73,160	73,161 +
6	≤ 41,960	41,961 - 55,807	55,808 - 69,654	69,655 - 83,920	83,921 +
7	≤ 47,340	47,341 - 62,962	62,963 - 78,584	78,585 - 94,680	94,681 +
8	≤ 52,720	52,721 - 70,118	70,119 - 87,515	87,516 - 105,440	105,441 +
9	≤ 58,100	58,101 - 77,273	77,274 - 96,446	96,447 - 116,200	116,201 +
10	≤ 63,480	63,481 - 84,428	84,429 - 105,377	105,378 - 126,960	126,961 +
11	≤ 68,860	68,861 - 91,584	91,585 - 114,308	114,309 - 137,720	137,721 +
12	≤ 74,240	74,241 - 98,739	98,740 - 123,238	123,239 - 148,480	148,481 +
13	≤ 79,620	79,621 - 105,895	105,896 - 132,169	132,170 - 159,240	159,241 +
14	≤ 85,000	85,001 - 113,050	113,051 - 141,100	141,101 - 170,000	170,001 +
15	≤ 90,380	90,381 - 120,205	120,206 - 150,031	150,032 - 180,760	180,761 +

Note: For households with more than 8 members, add \$5,380 for each additional member.

Revised January 2024