



MEDICAL 2021

Discount Services Fee Scale – Percentage of Maximum Charge Based on Family Income and Size

Payment Category Slide	A	B	C	D	E
Nominal Fee	\$15 Per office visit only. \$2 per lab	25%	50%	50%	50%

Annual Income					
Family Size	A	B	C	D	E
1	\$0- \$12,880	\$12,881- \$17,130	\$17,131- \$21,380	\$21,381- \$25,760	\$25,761 or greater
2	\$0- \$17,420	\$17,421- \$23,168	\$23,169- \$28,917	\$28,918- \$34,840	\$34,841 or greater
3	\$0- \$21,960	\$21,961- \$29,206	\$29,207- \$36,452	\$36,453- \$43,920	\$43,921 or greater
4	\$0- \$26,500	\$26,501- \$35,245	\$35,246- \$43,988	\$43,898- \$53,000	\$53,001 or greater
5	\$0- \$31,040	\$31,041- \$41,283	\$41,284- \$51,524	\$51,525- \$62,080	\$62,081 or greater
6	\$0- \$35,580	\$35,581- \$47,321	\$47,322- \$59,063	\$59,064- \$71,160	\$71,161 or greater
7	\$0- \$40,120	\$40,121- \$53,359	\$53,360- \$66,599	\$66,600- \$80,240	\$80,241 or greater
8	\$0- \$44,660	\$44,661- \$59,397	\$59,398- \$71,134	\$74,135- \$89,320	\$89,321 or greater

*Add \$4,540 for each person over 8