



MEDICAL 2022

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.	25%	50%	50%	50%

Annual Income					
Family Size	A	B	C	D	E
1	\$0- \$13,590	\$13,591 - \$18,074	\$18,075 - \$22,559	\$22,560 - \$27,180	\$27,181 or greater
2	\$0- \$18,310	\$18,311 - \$24,352	\$24,353 - \$30,394	\$30,395 - \$33,620	\$33,621 or greater
3	\$0- \$23,030	\$23,031 - \$30,629	\$30,630 - \$38,229	\$38,230 - \$46,060	\$46,061 or greater
4	\$0- \$27,750	\$27,751 - \$36,907	\$36,908 - \$46,065	\$46,066 - \$55,500	\$55,501 or greater
5	\$0- \$32,470	\$32,471 - \$43,185	\$43,186 - \$53,900	\$53,901 - \$64,940	\$64,941 or greater
6	\$0- \$37,190	\$37,191 - \$49,462	\$49,463 - \$61,735	\$61,736 - \$74,380	\$74,381 or greater
7	\$0- \$41,910	\$41,911 - \$55,740	\$55,741 - \$69,570	\$69,571 - \$83,820	\$83,821 or greater
8	\$0- \$46,630	\$46,631 - \$62,017	\$62,018 - \$77,405	\$77,406 - \$93,260	\$93,261 or greater

*Add \$4,720 for each person over 8