



## MEDICAL 2023

### 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	20%	30%	40%	50%

Annual Income					
Family Size	A	B	C	D	E
1	\$0- \$14,580	\$14,581- \$19,391	\$19,392- \$24,202	\$24,203- \$29,160	\$29,161 or greater
2	\$0- \$19,720	\$19,721- \$26,227	\$26,228- \$32,735	\$32,736- \$39,440	\$39,441 or greater
3	\$0- \$24,860	\$24,861- \$33,063	\$33,064- \$41,267	\$41,268- \$49,720	\$49,721 or greater
4	\$0- \$30,000	\$30,001- \$39,900	\$39,901- \$49,800	\$49,801- \$60,000	\$60,001 or greater
5	\$0- \$35,140	\$35,141- \$46,736	\$46,737- \$58,332	\$58,333- \$70,280	\$70,281 or greater
6	\$0- 40,280	\$40,281- \$53,572	\$53,573- \$66,864	\$66,865- \$80,560	\$80,561 or greater
7	\$0- \$45,420	\$45,421- \$60,408	\$60,409- \$75,397	\$75,398- \$90,840	\$90,841 or greater
8	\$0- \$50,560	\$50,561- \$67,244	\$67,245- \$83,929	\$83,930- \$101,120	\$101,121 or greater

\*For families/households with more than 8 persons, add \$5,910 for each additional person.