



MEDICAL 2024

**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 (100%)	B (>100% - 133%)	C (>133% - 166%)	D (>166% - 200%)	E (>200%)
1	\$0 - \$15,060.00	\$20,029.80 (max)	\$24,999.60 (max)	\$30,120.00 (max)	\$30,120.01 or greater
2	\$0 - \$20,440.00	\$27,185.20 (max)	\$33,930.40 (max)	\$40,880.00 (max)	\$40,880.01 or greater
3	\$0 - \$25,820.00	\$34,340.60 (max)	\$42,861.20 (max)	\$51,640.00 (max)	\$51,640.01 or greater
4	\$0 - \$31,200.00	\$41,496.00 (max)	\$51,792.00 (max)	\$62,400.00 (max)	\$62,400.01 or greater
5	\$0 - \$36,580.00	\$48,651.40 (max)	\$60,722.80 (max)	\$73,160.00 (max)	\$73,160.01 or greater
6	\$0 - \$41,960.00	\$55,806.80 (max)	\$69,653.60 (max)	\$83,920.00 (max)	\$83,920.01 or greater
7	\$0 - \$47,340.00	\$62,962.20 (max)	\$78,584.40 (max)	\$94,680.00 (max)	\$94,680.01 or greater
8	\$0 - \$52,720.00	\$70,117.60 (max)	\$87,515.20 (max)	\$105,440.00 (max)	\$105,440.01 or greater
Each person over 8, add	\$5,380.00	\$7,155.40	\$8,930.80	\$10,760.00	