



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 2023

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	≤ 14,580	14,581 - 19,391	19,392 - 24,203	24,204 - 29,160	29,161 +
2	≤ 19,720	19,721 - 26,228	26,229 - 32,735	32,736 - 39,440	39,441 +
3	≤ 24,860	24,861 - 33,064	33,065 - 41,268	41,269 - 49,720	49,721 +
4	≤ 30,000	30,001 - 39,900	39,901 - 49,800	49,801 - 60,000	60,001 +
5	≤ 35,140	35,141 - 46,736	46,737 - 58,332	58,333 - 70,280	70,281 +
6	≤ 40,280	40,281 - 53,572	53,573 - 66,865	66,866 - 80,560	80,561 +
7	≤ 45,420	45,421 - 60,409	60,410 - 75,397	75,398 - 90,840	90,841 +
8	≤ 50,560	50,561 - 67,245	67,246 - 83,930	83,931 - 101,120	101,121 +
9	≤ 55,700	55,701 - 74,081	74,082 - 92,462	92,463 - 111,400	111,401 +
10	≤ 60,840	60,841 - 80,917	80,918 - 100,994	100,995 - 121,680	121,681 +
11	≤ 65,980	65,981 - 87,753	87,754 - 109,527	109,528 - 131,960	131,961 +
12	≤ 71,120	71,121 - 94,590	94,591 - 118,059	118,060 - 142,240	142,241 +
13	≤ 76,260	76,261 - 101,426	101,427 - 126,592	126,593 - 152,520	152,521 +
14	≤ 81,400	81,401 - 108,262	108,263 - 135,124	135,125 - 162,800	162,801 +
15	≤ 86,540	86,541 - 115,098	115,099 - 143,656	143,657 - 173,080	173,081 +

Note: For households with more than 8 members, add \$5,140 for each additional member.

Revised January 2023