



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 2025**

Household Size	≤ 100% FPG				> 200% FPG
	Slide A	Slide B	Slide C	Slide D	No Slide Given
	Pt. Responsibility: Nominal Fee \$15.00	Pt. Responsibility: 20% of Established Charge	Pt. Responsibility: 40% of Established Charge	Pt. Responsibility: 60% of Established Charge	Pt. Responsibility: 100% of Established Charge
1	≤ 15,650	15,651 - 20,815	20,816 - 25,979	25,980 - 31,300	31,301 +
2	≤ 21,150	21,151 - 28,130	28,131 - 35,109	35,110 - 42,300	42,301 +
3	≤ 26,650	26,651 - 35,445	35,446 - 44,239	44,240 - 53,300	53,301 +
4	≤ 32,150	32,151 - 42,760	42,761 - 53,369	53,370 - 64,300	64,301 +
5	≤ 37,650	37,651 - 50,075	50,076 - 62,499	62,500 - 75,300	75,301 +
6	≤ 43,150	43,151 - 57,390	57,391 - 71,629	71,630 - 86,300	86,301 +
7	≤ 48,650	48,651 - 64,705	64,706 - 80,759	80,760 - 97,300	97,301 +
8	≤ 54,150	54,151 - 72,020	72,021 - 89,889	89,900 - 108,300	108,301 +
9	≤ 59,650	59,651 - 79,335	79,336 - 99,019	99,020 - 119,300	119,301 +
10	≤ 65,150	65,151 - 86,650	86,651 - 108,149	108,150 - 130,300	130,301 +
11	≤ 70,650	70,651 - 93,965	93,966 - 117,279	117,280 - 141,300	141,301 +
12	≤ 76,150	76,151 - 101,280	101,281 - 126,409	126,410 - 152,300	152,301 +
13	≤ 81,650	81,651 - 108,595	108,596 - 135,539	135,540 - 163,300	163,301 +
14	≤ 87,150	87,151 - 115,910	115,911 - 144,669	144,670 - 174,300	174,301 +
15	≤ 92,650	92,651 - 123,225	123,226 - 153,799	153,800 - 185,300	185,301 +

Note: For households with more than 8 members, add \$5,500 for each additional member.

Revised January 2025