



Sliding Fee Discount Scale: Percentage of Established Charges Based on Household Income and Size.

SFDS below is based on the most recent HHS Federal Poverty Guidelines published on: **January 17, 2020**

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	≤ 12,760	12,761 - 16,971	16,972 - 21,182	21,183 - 25,520	25,521 +
2	≤ 17,240	17,241 - 22,929	22,930 - 28,618	28,619 - 34,480	34,481 +
3	≤ 21,720	21,721 - 28,888	28,889 - 36,055	36,056 - 43,440	43,441 +
4	≤ 26,200	26,201 - 34,846	34,847 - 43,492	43,493 - 52,400	52,401 +
5	≤ 30,680	30,681 - 40,804	40,805 - 50,929	50,930 - 61,360	61,361 +
6	≤ 35,160	35,161 - 46,763	46,764 - 58,366	58,367 - 70,320	70,321 +
7	≤ 39,640	39,641 - 52,721	52,722 - 65,802	65,803 - 79,280	79,281 +
8	≤ 44,120	44,121 - 58,680	58,681 - 73,239	73,240 - 88,240	88,241 +
9	≤ 48,600	48,601 - 64,638	64,639 - 80,676	80,677 - 97,200	97,201 +
10	≤ 53,080	53,081 - 70,596	70,597 - 88,113	88,114 - 106,160	106,161 +
11	≤ 57,560	57,561 - 76,555	76,556 - 95,550	95,551 - 115,120	115,121 +
12	≤ 62,040	62,041 - 82,513	82,514 - 102,986	102,987 - 124,080	124,081 +
13	≤ 66,520	66,521 - 88,472	88,473 - 110,423	110,424 - 133,040	133,041 +
14	≤ 71,000	71,001 - 94,430	94,431 - 117,860	117,861 - 142,000	142,001 +
15	≤ 75,480	75,481 - 100,388	100,389 - 125,297	125,298 - 150,960	150,961 +

Note: For households with more than 8 members, add \$4,480 for each additional member.

Revised January 2020



Patient Discount Program Scale: Percentage of Established Charges Based on Household Income
 Scale below is based on the most recent HHS Federal Poverty Guidelines

Household Size	≤ 100% FPG		
	Slide A	Slide B	Slide C
	Pt. Responsibility: Nominal Fee \$15.00	Pt. Responsibility: 20% of Established Charge	Pt. Responsibility: 40% of Established Charge
1	≤ 12,880	12,881 - 17,130	17,131 - 21,381
2	≤ 17,420	17,421 - 23,169	23,170 - 28,917
3	≤ 21,960	21,961 - 29,207	29,208 - 36,454
4	≤ 26,500	26,501 - 35,245	35,246 - 43,990
5	≤ 31,040	31,041 - 41,283	41,284 - 51,526
6	≤ 35,580	35,581 - 47,321	47,322 - 59,063
7	≤ 40,120	40,121 - 53,360	53,361 - 66,599
8	≤ 44,660	44,661 - 59,398	59,399 - 74,136
9	≤ 49,200	49,201 - 65,436	65,437 - 81,672
10	≤ 53,740	53,741 - 71,474	71,475 - 89,208
11	≤ 58,280	58,281 - 77,512	77,513 - 96,745
12	≤ 62,820	62,821 - 83,551	83,552 - 104,281
13	≤ 67,360	67,361 - 89,589	89,590 - 111,818
14	≤ 71,900	71,901 - 95,627	95,628 - 119,354
15	≤ 76,440	76,441 - 101,665	101,666 - 126,890

Note: For households with more than 8 members, add \$4,540 for each additional member.

l on Household Income and Size.

nes effective: **January 13, 2021**

	> 200%FPG
Slide D	No Slide Given
Pt. Responsibility:	Pt. Responsibility:
60% of Established Charge	100% of Established Charge
21,382 - 25,760	25,761 +
28,918 - 34,840	34,841 +
36,455 - 43,920	43,921 +
43,991 - 53,000	53,001 +
51,527 - 62,080	62,081 +
59,064 - 71,160	71,161 +
66,600 - 80,240	80,241 +
74,137 - 89,320	89,321 +
81,673 - 98,400	98,401 +
89,209 - 107,480	107,481 +
96,746 - 116,560	116,561 +
104,282 - 125,640	125,641 +
111,819 - 134,720	134,721 +
119,355 - 143,800	143,801 +
126,891 - 152,880	152,881 +

member.

Revised October 2021



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	≤ 13,590	13,591 - 18,075	18,076 - 22,559	22,560 - 27,180	27,181 +
2	≤ 18,310	18,311 - 24,352	24,353 - 30,395	30,396 - 36,620	36,621 +
3	≤ 23,030	23,031 - 30,630	30,631 - 38,230	38,231 - 46,060	46,061 +
4	≤ 27,750	27,751 - 36,908	36,909 - 46,065	46,066 - 55,500	55,501 +
5	≤ 32,470	32,471 - 43,185	43,186 - 53,900	53,901 - 64,940	64,941 +
6	≤ 37,190	37,191 - 49,463	49,464 - 61,735	61,736 - 74,380	74,381 +
7	≤ 41,910	41,911 - 55,740	55,741 - 69,571	69,572 - 83,820	83,821 +
8	≤ 46,630	46,631 - 62,018	62,019 - 77,406	77,407 - 93,260	93,261 +
9	≤ 51,350	51,351 - 68,296	68,297 - 85,241	85,242 - 102,700	102,701 +
10	≤ 56,070	56,071 - 74,573	74,574 - 93,076	93,077 - 112,140	112,141 +
11	≤ 60,790	60,791 - 80,851	80,852 - 100,911	100,912 - 121,580	121,581 +
12	≤ 65,510	65,511 - 87,128	87,129 - 108,747	108,748 - 131,020	131,021 +
13	≤ 70,230	70,231 - 93,406	93,407 - 116,582	116,583 - 140,460	140,461 +
14	≤ 74,950	74,951 - 99,684	99,685 - 124,417	124,418 - 149,900	149,901 +
15	≤ 79,670	79,671 - 105,961	105,962 - 132,252	132,253 - 159,340	159,341 +

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

Revised January 2023



Patient Discount Program Scale: Percentage of Established Charges Based
 Scale below is based on the most recent HHS Federal Poverty Guide

Household Size	≤ 100% FPG		
	Slide A	Slide B	Slide C
	Pt. Responsibility:	Pt. Responsibility:	Pt. Responsibility:
	Nominal Fee \$15.00	20% of Established Charge	40% of Established Charge
1	≤ 14,580	14,581 - 19,391	19,392 - 24,203
2	≤ 19,720	19,721 - 26,228	26,229 - 32,735
3	≤ 24,860	24,861 - 33,064	33,065 - 41,268
4	≤ 30,000	30,001 - 39,900	39,901 - 49,800
5	≤ 35,140	35,141 - 46,736	46,737 - 58,332
6	≤ 40,280	40,281 - 53,572	53,573 - 66,865
7	≤ 45,420	45,421 - 60,409	60,410 - 75,397
8	≤ 50,560	50,561 - 67,245	67,246 - 83,930
9	≤ 55,700	55,701 - 74,081	74,082 - 92,462
10	≤ 60,840	60,841 - 80,917	80,918 - 100,994
11	≤ 65,980	65,981 - 87,753	87,754 - 109,527
12	≤ 71,120	71,121 - 94,590	94,591 - 118,059
13	≤ 76,260	76,261 - 101,426	101,427 - 126,592
14	≤ 81,400	81,401 - 108,262	108,263 - 135,124
15	≤ 86,540	86,541 - 115,098	115,099 - 143,656

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

l on Household Income and Size.

elines effective: **January 2023**

	> 200%FPG
Slide D	No Slide Given
Pt. Responsibility:	Pt. Responsibility:
60% of Established Charge	100% of Established Charge
24204 - 29,160	29,161 +
32,736 - 39,440	39,441 +
41,269 - 49,720	49,721 +
49,801 - 60,000	60,001 +
58,333 - 70,280	70,281 +
66,866 - 80,560	80,561 +
75,398 - 90,840	90,841 +
83,931 - 101,120	101,121 +
92,463 - 111,400	111,401 +
100,995 - 121,680	121,681 +
109,528 - 131,960	131,961 +
118,060 - 142,240	142,241 +
126,593 - 152,520	152,521 +
135,125 - 162,800	162,801 +
143,657 - 173,080	173,081 +

member.

Revised January 2023



Patient Discount Program Scale: Percentage of Established Charges Based on Household Income and Size.

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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	≤ 15,060	15,061 - 20,030	20,031 - 25,000	25,001 - 30,120	30,121 +
2	≤ 20,440	20,441 - 27,185	27,186 - 33,930	33,931 - 40,880	40,881 +
3	≤ 25,820	25,821 - 34,341	34,342 - 42,861	42,862 - 51,640	51,641 +
4	≤ 31,200	31,201 - 41,496	41,497 - 51,792	51,793 - 62,400	62,401 +
5	≤ 36,580	36,581 - 48,651	48,652 - 60,723	60,724 - 73,160	73,161 +
6	≤ 41,960	41,961 - 55,807	55,808 - 69,654	69,655 - 83,920	83,921 +
7	≤ 47,340	47,341 - 62,962	62,963 - 78,584	78,585 - 94,680	94,681 +
8	≤ 52,720	52,721 - 70,118	70,119 - 87,515	87,516 - 105,440	105,441 +
9	≤ 58,100	58,101 - 77,273	77,274 - 96,446	96,447 - 116,200	116,201 +
10	≤ 63,480	63,481 - 84,428	84,429 - 105,377	105,378 - 126,960	126,961 +
11	≤ 68,860	68,861 - 91,584	91,585 - 114,308	114,309 - 137,720	137,721 +
12	≤ 74,240	74,241 - 98,739	98,740 - 123,238	123,239 - 148,480	148,481 +
13	≤ 79,620	79,621 - 105,895	105,896 - 132,169	132,170 - 159,240	159,241 +
14	≤ 85,000	85,001 - 113,050	113,051 - 141,100	141,101 - 170,000	170,001 +
15	≤ 90,380	90,381 - 120,205	120,206 - 150,031	150,032 - 180,760	180,761 +

Note: For households with more than 8 members, add \$5,380 for each additional member.

Revised January 2024



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



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Household Size	≤ 100% FPG		
	Slide A	Slide B	Slide C
	Pt. Responsibility:	Pt. Responsibility:	Pt. Responsibility:
	Nominal Fee \$15.00	20% of Established Charge	40% of Established Charge
1	≤		
2	≤		
3	≤		
4	≤		
5	≤		
6	≤		
7	≤		
8	≤		
9	≤		
10	≤		
11	≤		
12	≤		
13	≤		
14	≤		
15	≤		

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



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Household Size	≤ 100% FPG		
	Slide A	Slide B	Slide C
	Pt. Responsibility:	Pt. Responsibility:	Pt. Responsibility:
	Nominal Fee \$15.00	20% of Established Charge	40% of Established Charge
1	≤		
2	≤		
3	≤		
4	≤		
5	≤		
6	≤		
7	≤		
8	≤		
9	≤		
10	≤		
11	≤		
12	≤		
13	≤		
14	≤		
15	≤		

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

