

### 2023-2024 Federal Poverty Guidelines and Sliding Scale for Medical Services

(Only applicable for 200% of Federal Poverty Level or below)

Persons in Family or Household	Scale A		Scale B		Scale C		Scale D		Scale E
	0-100% FPL		101-138% FPL		139-150% FPL		151-200% FPL		>200%
	Abov	Below	Above	Below	Above	Below	Above	Below	At or
1	\$0	\$ 14,580	\$ 14,581	\$ 20,120	\$ 20,121	\$ 21,870	\$ 21,871	\$ 29,160	\$ 29,160
2	\$0	\$ 19,720	\$ 19,721	\$ 27,214	\$ 27,215	\$ 29,580	\$ 29,581	\$ 39,440	\$ 39,440
3	\$0	\$ 24,860	\$ 24,861	\$ 34,307	\$ 34,308	\$ 37,290	\$ 37,291	\$ 49,720	\$ 49,720
4	\$0	\$ 30,000	\$ 30,001	\$ 41,400	\$ 41,401	\$ 45,000	\$ 45,001	\$ 60,000	\$ 60,000
5	\$0	\$ 35,140	\$ 35,141	\$ 48,493	\$ 48,494	\$ 52,710	\$ 52,711	\$ 70,280	\$ 70,280
6	\$0	\$ 40,280	\$ 40,281	\$ 55,586	\$ 55,587	\$ 60,420	\$ 60,421	\$ 80,560	\$ 80,560
7	\$0	\$ 45,420	\$ 45,421	\$ 62,680	\$ 62,681	\$ 68,130	\$ 68,131	\$ 90,840	\$ 90,840
8	\$0	\$ 50,560	\$ 50,561	\$ 69,773	\$ 69,774	\$ 75,840	\$ 75,841	\$ 101,120	\$ 101,120
For each additional person		\$ 5,140		\$ 7,093		\$ 7,710		\$ 10,280	\$ 10,280
<b>Office Visit Fee</b>	<b>\$20</b>		<b>\$30</b>		<b>\$35</b>		<b>\$40</b>		<b>No Discount</b>
<b>Laboratory, x-ray, procedures, injectables, and other diagnostic services are charged separately from the office visit.</b>									
<b>Nominal fee for all behavioral health services is \$10.00</b>									

### 2023-2024 Federal Poverty Guidelines and Sliding Scale for Dental Services

(Only applicable for 200% of Federal Poverty Level or below)

Persons in Family or Household	Scale A		Scale B		Scale C		Scale D		Scale E
	0-100% FPL		101-138% FPL		139-150% FPL		151-200% FPL		>200%
	<b>Except for Major Restorative Treatment</b>								
	e	Below	Above	Below	Above	Below	Above	Below	above
1	\$0	\$ 14,580	\$ 14,581	\$ 20,120	\$ 20,121	\$ 21,870	\$ 21,871	\$ 29,160	\$ 29,160
2	\$0	\$ 19,720	\$ 19,721	\$ 27,214	\$ 27,215	\$ 29,580	\$ 29,581	\$ 39,440	\$ 39,440
3	\$0	\$ 24,860	\$ 24,861	\$ 34,307	\$ 34,308	\$ 37,290	\$ 37,291	\$ 49,720	\$ 49,720
4	\$0	\$ 30,000	\$ 30,001	\$ 41,400	\$ 41,401	\$ 45,000	\$ 45,001	\$ 60,000	\$ 60,000
5	\$0	\$ 35,140	\$ 35,141	\$ 48,493	\$ 48,494	\$ 52,710	\$ 52,711	\$ 70,280	\$ 70,280
6	\$0	\$ 40,280	\$ 40,281	\$ 55,586	\$ 55,587	\$ 60,420	\$ 60,421	\$ 80,560	\$ 80,560
7	\$0	\$ 45,420	\$ 45,421	\$ 62,680	\$ 62,681	\$ 68,130	\$ 68,131	\$ 90,840	\$ 90,840
8	\$0	\$ 50,560	\$ 50,561	\$ 69,773	\$ 69,774	\$ 75,840	\$ 75,841	\$ 101,120	\$ 101,120
For each additional person		\$ 5,140		\$ 7,093		\$ 7,710		\$ 10,280	\$ 10,280
<b>% Discount DENTAL</b>	<b>\$50/preventive visit</b>		<b>49%</b>		<b>47%</b>		<b>45%</b>		<b>Full Charge</b>
	<b>\$50/restorative treatment</b>		<b>*Major restorative procedures have varying discount levels</b>						