

		Annual Income Level						
2024 FPL is \$15,060	Family Size	less than 100%	100% - 150% FPL	150% - 200% FPL	200% - 250% FPL	250% - 300% FPL	300% - 400% FPL	over 400% FPL
Annual Income Level	1	Less Than \$15,060	\$15,060 to \$22,590	\$22,590 to \$30,120	\$30,120 to \$37,650	\$37,650 to \$45,180	\$45,180 to \$60,240	Over \$60,240
Reduced Fee	1	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	2	Less Than \$20,442	\$20,442 to \$30,663	\$30,663 to \$40,884	\$40,884 to \$51,105	\$51,105 to \$61,326	\$61,326 to \$81,768	Over \$81,768
Reduced Fee	2	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	3	Less Than \$25,824	\$25,824 to \$38,736	\$38,736 to \$51,648	\$51,648 to \$64,560	\$64,560 to \$77,472	\$77,472 to \$103,296	Over \$103,296
Reduced Fee	3	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	4	Less Than \$31,206	\$31,206 to \$46,809	\$46,809 to \$62,412	\$62,412 to \$78,015	\$78,015 to \$93,618	\$93,618 to \$124,824	Over \$124,824
Reduced Fee	4	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	5	Less Than \$36,588	\$36,588 to \$54,882	\$54,882 to \$73,176	\$73,176 to \$91,470	\$91,470 to \$109,764	\$109,764 to \$146,352	Over \$146,352
Reduced Fee	5	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	6	Less Than \$41,970	\$41,970 to \$62,955	\$62,955 to \$83,940	\$83,940 to \$104,925	\$104,925 to \$125,910	\$125,910 to \$167,880	Over \$167,880
Reduced Fee	6	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	7	Less Than \$47,352	\$47,352 to \$71,028	\$71,028 to \$94,704	\$94,704 to \$118,380	\$118,380 to \$142,056	\$142,056 to \$189,408	Over \$189,408
Reduced Fee	7	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	8	Less Than \$52,734	\$52,734 to \$79,101	\$79,101 to \$105,468	\$105,468 to \$131,835	\$131,835 to \$158,202	\$158,202 to \$210,936	Over \$210,936
Reduced Fee	8	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	9	Less Than \$58,116	\$58,116 to \$87,174	\$87,174 to \$116,232	\$116,232 to \$145,290	\$145,290 to \$174,348	\$174,348 to \$232,464	Over \$232,464
Reduced Fee	9	\$0	\$15	\$20	\$30	\$35	\$50	No discount
Annual Income Level	10	Less Than \$63,498	\$63,498 to \$95,247	\$95,247 to \$126,996	\$126,996 to \$158,745	\$158,745 to \$190,494	\$190,494 to \$253,992	Over \$253,992
Reduced Fee	10	\$0	\$15	\$20	\$30	\$35	\$50	No discount
For Each additional Family Member, increase range by:		\$5,382	\$8,073	\$10,764	\$13,455	\$16,146	\$21,528	
Max Family Weekly Fee		\$0	\$30	\$40	\$60	\$70	\$100	No discount

INSTRUCTIONS

STEP 1 Identify the patient's **Family Size** in the left-hand column.

STEP 2 Identify the patient's **Income Level for that family size**

STEP 3 The intersection of Family Size and Income Level is the patient's discounted Fee Per Visit.

Note: For more than one visit per week, the client pays the Maximum Family Weekly Fee. Any time copay exceeds sliding scale rate, client will be charged sliding scale and the additional written off.