



Sliding Fee Discount Program

This practice serves all patients regardless of inability to pay. Discounts for essential services are offered based on family size and income. For more information, ask at the front desk or visit our website.

	2025 Sliding Fee Discount Schedule				
	A Patient	B Patient	C Patient	D Patient	N/A
Fee per family member, per visit:	Pays \$10	Pays \$25	Pays \$40	Pays \$55	100% of Charges
Family Size	Annual income less than or equal to	Annual income less than or equal to	Annual income less than or equal to	Annual income less than or equal to	Annual Income <u>more</u> than
1	\$15,650.00	\$23,475.00	\$27,387.50	\$31,300.00	\$31,300.00
2	\$21,150.00	\$31,725.00	\$37,012.50	\$42,300.00	\$42,300.00
3	\$26,650.00	\$39,975.00	\$46,637.50	\$53,300.00	\$53,300.00
4	\$32,150.00	\$48,225.00	\$56,262.50	\$64,300.00	\$64,300.00
5	\$37,650.00	\$56,475.00	\$65,887.50	\$75,300.00	\$75,300.00
6	\$43,150.00	\$64,725.00	\$75,512.50	\$86,300.00	\$86,300.00
7	\$48,650.00	\$72,975.00	\$85,137.50	\$97,300.00	\$97,300.00
8	\$54,150.00	\$81,225.00	\$94,762.50	\$108,300.00	\$108,300.00
Each Add'l Person	\$5,500.00	\$8,250.00	\$9,625.00	\$11,000.00	\$11,000.00

Esta practica sirve a todos los pacientes, independientemente dela incapacidad de pago. Descuentos para los servicios esenciales son ofrecidos dependiendo de tamano de La familia y de los ingresos. Usted puede solicitar un descuento en la recepcion o visita nuestro sitio web.