

**Alliance Family Health Center, Inc.
Sliding Fee Discount Schedule**

Service Category:		Slide A			Slide B			Slide C			Slide D			Slide E			Slide F
Medical Services		\$10.00 Nominal Rate			80%			60%			40%			20%			0%
Intrapartum		\$650.00 Nominal Rate			40%			30%			20%			10%			0%
Annual/Yearly Income																	
Household Size	0%	to	100%	101%	to	125%	126%	to	150%	151%	to	175%	176%	to	200%	> 200% FPL	
1	\$0	-	\$15,650	\$15,651	-	\$19,563	\$19,564	-	\$23,475	\$23,476	-	\$27,388	\$27,389	-	\$31,300	\$31,301	
2	\$0	-	\$21,150	\$21,151	-	\$26,438	\$26,439	-	\$31,725	\$31,726	-	\$37,013	\$37,014	-	\$42,300	\$42,301	
3	\$0	-	\$26,650	\$26,651	-	\$33,313	\$33,314	-	\$39,975	\$39,976	-	\$46,638	\$46,639	-	\$53,300	\$53,301	
4	\$0	-	\$32,150	\$32,151	-	\$40,188	\$40,189	-	\$48,225	\$48,226	-	\$56,263	\$56,264	-	\$64,300	\$64,301	
5	\$0	-	\$37,650	\$37,651	-	\$47,063	\$47,064	-	\$56,475	\$56,476	-	\$65,888	\$65,889	-	\$75,300	\$75,301	
6	\$0	-	\$43,150	\$43,151	-	\$53,938	\$53,939	-	\$64,725	\$64,726	-	\$75,513	\$75,514	-	\$86,300	\$86,301	
7	\$0	-	\$448,650	\$448,651	-	\$560,813	\$560,814	-	\$72,975	\$72,976	-	\$85,138	\$85,139	-	\$97,300	\$97,301	
8	\$0	-	\$54,150	\$54,151	-	\$67,688	\$67,689	-	\$81,225	\$81,226	-	\$94,763	\$94,764	-	\$108,300	\$108,301	

For each additional family member, add:

\$5,500	\$6,875	\$8,250	\$9,625	\$11,000
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Medical Services Payment	Recommended Collection at Time of Service
	\$0
	\$20
	\$25
	\$30
	\$35
	\$100

Notes: AFHC provides the ability for its staff to waive the nominal fee for the first appointment per household for patients <=100% FPL.

No Discount for patients above 200% FPL.