

**2020 CHINATOWN SERVICE CENTER SLIDING FEE SCALE**

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		Federal Poverty Guideline	Self Pay I 0% - 100% (nominal fee)	Self Pay II >101%-125%	Self Pay III >126%-150%	Self Pay IV >151%-175%	Self Pay V >176%-200%	Self Pay VI above 201%					
	Services Discounte Rate	Medical	\$40	70%	60%	50%	40%	40%	40%	40%	40%	Full Fee	
		Behavioral Health	\$40	70%	60%	50%	40%	40%	40%	40%	40%	Full Fee	
		Dental	\$40	70%	60%	60%	50%	40%	40%	40%	40%	Full Fee	
		Optometry	\$40	70%	60%	60%	50%	40%	40%	40%	40%	Full Fee	
		Additional Service Payments	Nominal Fee Per Schedule		70%	60%	50%	40%	40%	40%	40%	100%	
Family Size	Annual Income	Monthly Income											
1	\$12,760	\$1,063	0 - \$1063	\$12,761	\$15,950	\$15,951	\$19,140	\$19,141	\$22,330	\$22,331	\$25,520	\$25,521	+
				Monthly	\$1,329	\$1,330	\$1,595	\$1,596	\$1,861	\$1,861	\$2,127	\$2,127	
2	\$17,240	\$1,436	0 - \$1,436	\$17,241	\$21,550	\$21,551	\$25,860	\$25,861	\$30,170	\$30,171	\$34,480	\$34,481	+
				Monthly	\$1,796	\$1,796	\$2,155	\$2,156	\$2,514	\$2,515	\$2,873	\$2,874	
3	\$21,720	\$1,810	0 - \$1,810	\$21,331	\$27,150	\$27,151	\$32,580	\$32,581	\$38,010	\$38,011	\$43,440	\$43,441	+
				Monthly	\$2,263	\$2,264	\$2,715	\$2,716	\$3,168	\$3,169	\$3,620	\$3,621	
4	\$26,200	\$2,183	0 - \$2,183	\$26,201	\$32,750	\$32,751	\$39,300	\$39,301	\$45,850	\$45,851	\$52,400	\$52,401	+
				Monthly	\$2,729	\$2,730	\$3,275	\$3,276	\$3,821	\$3,822	\$4,367	\$4,368	
5	\$30,680	\$2,557	0- \$2,556	\$30,681	\$38,350	\$38,351	\$46,020	\$46,021	\$53,690	\$53,691	\$61,360	\$61,361	+
				Monthly	\$3,196	\$3,197	\$3,835	\$3,836	\$4,474	\$4,475	\$5,113	\$5,114	
6	\$35,160	\$2,930	0 - \$2,930	\$35,161	\$43,950	\$43,951	\$52,740	\$52,741	\$61,530	\$61,531	\$70,320	\$70,321	+
				Monthly	\$3,663	\$3,664	\$4,395	\$4,396	\$5,128	\$5,129	\$5,860	\$5,861	
7	\$39,640	\$3,303	0 - \$3,303	\$39,641	\$49,550	\$49,551	\$59,460	\$59,461	\$69,370	\$69,371	\$79,280	\$79,281	+
				Monthly	\$4,129	\$4,130	\$4,955	\$4,956	\$5,781	\$5,782	\$6,607	\$6,608	
8	\$44,120	\$3,677	0 - \$3,676	\$44,121	\$55,150	\$55,151	\$66,180	\$66,181	\$77,210	\$77,211	\$88,240	\$88,241	+
				Monthly	\$4,596	\$4,597	\$5,515	\$5,515	\$6,434	\$6,435	\$7,353	\$7,354	
For families/households with more than 8 persons, add \$4,480 to annual income for each additional person.													
Para las familias y los hogares con más de 8 personas, agregue \$4,480 a ingresos anuales por cada persona adicional.													

\*\*\*Glasses billed seperately excluded from slide\*\*\*\*\*

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size.

Para visitas en que no califico para un programa especial o por seguro medico, ofrecemos descuentos basado en su ingreso bruto y por la medida de su familia.

Payment is requested on the date of service.

Su pago se requiere en el día de servicio.

Valid until March 31, 2021