

**2024 FEDERAL POVERTY GUIDELINES & JPCHC SLIDING FEE SCALE**

Family Size*	Income Presented	LEVEL A (<100%)	LEVEL B (101% - 149%)		LEVEL C (150% - 174%)		LEVEL D (175% - 200%)		LEVEL E (>200%)
		Less than/ Equal to	Minimal	Maximum	Minimal	Maximum	Minimal	Maximum	Minimal
1	Annual	\$15,060	\$15,061	\$22,589	\$22,590	\$26,354	\$26,355	\$30,120	\$30,121
	Monthly	\$1,255	\$1,256	\$1,882	\$1,883	\$2,195	\$2,196	\$2,510	\$2,511
2	Annual	\$20,440	\$20,441	\$30,659	\$30,660	\$35,769	\$35,770	\$40,880	\$40,881
	Monthly	\$1,703	\$1,704	\$2,554	\$2,555	\$2,980	\$2,981	\$3,407	\$3,408
3	Annual	\$25,820	\$25,821	\$38,729	\$38,730	\$45,184	\$45,185	\$51,640	\$51,641
	Monthly	\$2,152	\$2,153	\$3,227	\$3,228	\$3,764	\$3,765	\$4,303	\$4,304
4	Annual	\$31,200	\$31,201	\$46,799	\$46,800	\$54,599	\$54,600	\$62,400	\$62,401
	Monthly	\$2,600	\$2,601	\$3,899	\$3,900	\$4,549	\$4,550	\$5,200	\$5,201
5	Annual	\$36,580	\$36,581	\$54,869	\$54,870	\$64,014	\$64,015	\$73,160	\$73,161
	Monthly	\$3,048	\$3,049	\$4,572	\$4,573	\$5,334	\$5,335	\$6,097	\$6,098
6	Annual	\$41,960	\$41,961	\$62,939	\$62,940	\$73,429	\$73,430	\$83,920	\$83,921
	Monthly	\$3,497	\$3,498	\$5,244	\$5,245	\$6,118	\$6,119	\$6,993	\$6,994
7	Annual	\$47,340	\$47,341	\$71,009	\$71,010	\$82,844	\$82,845	\$94,680	\$94,681
	Monthly	\$3,945	\$3,946	\$5,917	\$5,918	\$6,903	\$6,904	\$7,890	\$7,891
8	Annual	\$52,720	\$52,721	\$79,079	\$79,080	\$92,259	\$92,260	\$105,440	\$105,441
	Monthly	\$4,393	\$4,394	\$6,589	\$6,590	\$7,687	\$7,688	\$8,787	\$8,788

	A	B	C	D	E
<b>Sliding Fee Discount</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>	<b>25%</b>	<b>0%</b>
<b>Patient Time of service fee Office Visit</b>	<b>\$20</b>	<b>\$20, will be billed remaining 25% of charges</b>	<b>\$20, will be billed remaining 50% of charges</b>	<b>\$20, will be billed remaining 75% of charges</b>	<b>\$20, will be billed remaining 100% of charges</b>
<b>Patient Time of service fee Dental Services</b>	<b>\$30</b>	<b>\$30, will be billed remaining 25% of charges</b>	<b>\$30, will be billed remaining 50% of charges</b>	<b>\$30, will be billed remaining 75% of charges</b>	<b>\$30, will be billed remaining 100% of charges</b>
<b>Lab Fees Patient will be Billed, not collected at time of service</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>No direct bill – pay Quest full fee</b>

**HOW TO USE THIS SCALE:**

- (1) Determine the number of members in a Family Unit
- (2) Determine ALL income supporting the family and ALL sources of income (i.e. paystubs, alimony, SSI, retirement, etc.)
- (3) Find the number of family members in Column 1 ("Family Size").
- (4) Determine the range in which the patient's family income falls.
- (5) The column in which the patient's family income falls indicated the percentage of Sliding Fee Scale discount. **\*Size of Family Unit (Add \$5,380 for each additional person)**

**2024 Guia de Pobreza Federal y descuento de El Centro de Salud Comunitario Jane Pauley**

Tamaño Familiar	Ingreso	Nivel A (<100%)	Nivel B (101% - 149%)		Nivel C (150% - 174%)		Nivel D (175% - 200%)		Nivel E (>200%)
		Menos de/ Igual a	Minimo	Maximo	Minimo	Maximo	Minimo	Maximo	Minimo
1	Anual	\$15,060	\$15,061	\$22,589	\$22,590	\$26,354	\$26,355	\$30,120	\$30,121
	Mensual	\$1,255	\$1,256	\$1,882	\$1,883	\$2,195	\$2,196	\$2,510	\$2,511
2	Anual	\$20,440	\$20,441	\$30,659	\$30,660	\$35,769	\$35,770	\$40,880	\$40,881
	Mensual	\$1,703	\$1,704	\$2,554	\$2,555	\$2,980	\$2,981	\$3,407	\$3,408
3	Anual	\$25,820	\$25,821	\$38,729	\$38,730	\$45,184	\$45,185	\$51,640	\$51,641
	Mensual	\$2,152	\$2,153	\$3,227	\$3,228	\$3,764	\$3,765	\$4,303	\$4,304
4	Anual	\$31,200	\$31,201	\$46,799	\$46,800	\$54,599	\$54,600	\$62,400	\$62,401
	Mensual	\$2,600	\$2,601	\$3,899	\$3,900	\$4,549	\$4,550	\$5,200	\$5,201
5	Anual	\$36,580	\$36,581	\$54,869	\$54,870	\$64,014	\$64,015	\$73,160	\$73,161
	Mensual	\$3,048	\$3,049	\$4,572	\$4,573	\$5,334	\$5,335	\$6,097	\$6,098
6	Anual	\$41,960	\$41,961	\$62,939	\$62,940	\$73,429	\$73,430	\$83,920	\$83,921
	Mensual	\$3,497	\$3,498	\$5,244	\$5,245	\$6,118	\$6,119	\$6,993	\$6,994
7	Anual	\$47,340	\$47,341	\$71,009	\$71,010	\$82,844	\$82,845	\$94,680	\$94,681
	Mensual	\$3,945	\$3,946	\$5,917	\$5,918	\$6,903	\$6,904	\$7,890	\$7,891
8	Anual	\$52,720	\$52,721	\$79,079	\$79,080	\$92,259	\$92,260	\$105,440	\$105,441
	Mensual	\$4,393	\$4,394	\$6,589	\$6,590	\$7,687	\$7,688	\$8,787	\$8,788
		<b>A</b>	<b>B</b>	<b>C</b>		<b>D</b>		<b>E</b>	
<b>Descuento</b>		<b>100%</b>	<b>75%</b>	<b>50%</b>		<b>25%</b>		<b>0%</b>	
<b>Copago Visita</b>		<b>\$20</b>	<b>\$20, seran facturados restante 25% de los cargos</b>	<b>\$20, seran facturados restante 50% de los cargos</b>		<b>\$20, seran facturados restante 75% de los cargos</b>		<b>\$20, serán facturados restante 100% de los cargos</b>	
<b>Consultorio Servicios Dental</b>		<b>\$30</b>	<b>\$30, seran facturados restante 25% de los cargos</b>	<b>\$30, seran facturados restante 50% de los cargos</b>		<b>\$30, seran facturados restante 75% de los cargos</b>		<b>\$30, serán facturados restante 100% de los cargos</b>	
<b>Laboratorio Recibirá un bill no se paga el dia de la visita</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>		<b>No bill directo - pagar tarifa completa MACL</b>	

**CÓMO UTILIZAR ESTA ESCALA:**

- (1) Determinar el número de miembros de una unidad familiar
- (2) Determinar todo el ingreso apoyando la familia (por ejemplo, talone de cheque, pension, retiro, etc.)
- (3) Encontrar el número de miembros de la familia en la columna 1 ("Tamaño Familiar").
- (4) Determinar el alcance ingreso de la familia del paciente.
- (5) La columna en la que la familia del paciente alcance indica el porcentaje de descuento.

\* Tamaño Familiar (Agregar \$5,380 Por cada persona adicional)

**MACHASWIV FEDERAL LA SOU POVRETE AK ECHÈL FRÈ VARYAB JPCHC POU ANE 2024 AN**

Kantite Moun ki nan Fanmi an*	Revni ki Prezante	NIVO A (≤100%)	NIVO B (101% - 149%)		NIVO C (150% - 174%)		NIVO D (175% - 200%)		NIVO E (>200%)
		Mwens pase/ Egal a	Minimòm	Maksimòm	Minimòm	Maksimòm	Minimòm	Maksimòm	Minimòm
1	Anyèl	\$15,060	\$15,061	\$22,589	\$22,590	\$26,354	\$26,355	\$30,120	\$30,121
	Chak mwa	\$1,255	\$1,256	\$1,882	\$1,883	\$2,195	\$2,196	\$2,510	\$2,511
2	Anyèl	\$20,440	\$20,441	\$30,659	\$30,660	\$35,769	\$35,770	\$40,880	\$40,881
	Chak mwa	\$1,703	\$1,704	\$2,554	\$2,555	\$2,980	\$2,981	\$3,407	\$3,408
3	Anyèl	\$25,820	\$25,821	\$38,729	\$38,730	\$45,184	\$45,185	\$51,640	\$51,641
	Chak mwa	\$2,152	\$2,153	\$3,227	\$3,228	\$3,764	\$3,765	\$4,303	\$4,304
4	Anyèl	\$31,200	\$31,201	\$46,799	\$46,800	\$54,599	\$54,600	\$62,400	\$62,401
	Chak mwa	\$2,600	\$2,601	\$3,899	\$3,900	\$4,549	\$4,550	\$5,200	\$5,201
5	Anyèl	\$36,580	\$36,581	\$54,869	\$54,870	\$64,014	\$64,015	\$73,160	\$73,161
	Chak mwa	\$3,048	\$3,049	\$4,572	\$4,573	\$5,334	\$5,335	\$6,097	\$6,098
6	Anyèl	\$41,960	\$41,961	\$62,939	\$62,940	\$73,429	\$73,430	\$83,920	\$83,921
	Chak mwa	\$3,497	\$3,498	\$5,244	\$5,245	\$6,118	\$6,119	\$6,993	\$6,994
7	Anyèl	\$47,340	\$47,341	\$71,009	\$71,010	\$82,844	\$82,845	\$94,680	\$94,681
	Chak mwa	\$3,945	\$3,946	\$5,917	\$5,918	\$6,903	\$6,904	\$7,890	\$7,891
8	Anyèl	\$52,720	\$52,721	\$79,079	\$79,080	\$92,259	\$92,260	\$105,440	\$105,441
	Chak mwa	\$4,393	\$4,394	\$6,589	\$6,590	\$7,687	\$7,688	\$8,787	\$8,788

	A	B	C	D	E
<b>Diskont Frè Varyab</b>	<b>100%</b>	<b>75%</b>	<b>50%</b>	<b>25%</b>	<b>0%</b>
<b>Frè Vizit Pasyan an nan Biwo nan Moman Sèvis la</b>	<b>\$20</b>	<b>\$20, pral faktire 25% frè ki rete yo</b>	<b>\$20, pral faktire 50% frè ki rete yo</b>	<b>\$20, pral faktire 75% frè ki rete yo</b>	<b>\$20, pral faktire 100% frè ki rete yo</b>
<b>Frè Sèvis Dantè Pasyan an nan Moman Vizit la</b>	<b>\$30</b>	<b>\$30, pral faktire 25% frè ki rete yo</b>	<b>\$30, pral faktire 50% frè ki rete yo</b>	<b>\$30, pral faktire 75% frè ki rete yo</b>	<b>\$30, pral faktire 100% frè ki rete yo</b>
<b>Frè Laboratwa Pasyan an pral Peye, yo pa pran nan moman sèvis la</b>	<b>\$15</b>	<b>25% nan frè yo</b>	<b>50% nan frè yo</b>	<b>75% nan frè yo</b>	<b>Pa genyen faktirasyon dirèk - peye tout frè MACL la</b>

**FASON POU UTILIZE ECHÈL SA A:**

- (1) Detèmine kantite manm ki nan yon Inite Familyal
- (2) Detèmine TOUT revni k ap soutni fanmi an ak TOUT sous revni (sètadi, souch chèk, alimoni, SSI, retrèt, elatriye)
- (3) Jwenn kantite manm fanmi yo nan Kolòn 1 ("Kantite Moun ki nan Fanmi an").
- (4) Detèmine nan ki kategori revni familyal pasyan an sitiye.
- (5) Kolòn kote revni familyal pasyan an tonbe ladan l lan te endike pousantaj rabè Echèl Frè Varyab la.

\*Kantite Moun ki nan Inite Familyal la (Ajoute \$5,380 pou chak lòt moun anplis)