

2024 Sliding Fee Scale

We offers a sliding fee scale discount program based on income for patients who are insured, uninsured and underinsured, providing access to healthcare for all. Please see front desk for more information.

2024 Sliding Scale												
New Patient Pays: \$30		New Patient Pays: \$35		New Patient Pays: \$50		New Patient Pays: \$70		New Patient Pays: \$90		New Patient Pays: Full Charge		
Established Patient Pays: \$30		Established Patient Pays: \$35		Established Patient Pays: \$50		Established Patient Pays: \$70		Established Patient Pays: \$90		Established Patient Pays: Full Charge		
Level A		Level B		Level C		Level D		Level E		Level F		
100% of Federal Poverty Level		From	To	From	To	From	To	From	To	> 200% of Federal Poverty Level		
1	< or = \$	15,060	\$ 15,061	\$ 18,825	\$ 18,826	\$ 22,590	\$ 22,591	\$ 26,355	\$ 26,356	\$ 30,120	> \$	30,120
2	< or = \$	20,440	\$ 20,441	\$ 25,550	\$ 25,551	\$ 30,660	\$ 30,661	\$ 35,770	\$ 35,771	\$ 40,880	> \$	40,880
3	< or = \$	25,820	\$ 25,821	\$ 32,275	\$ 32,276	\$ 38,730	\$ 38,731	\$ 45,185	\$ 45,186	\$ 51,640	> \$	51,640
4	< or = \$	31,200	\$ 31,201	\$ 39,000	\$ 39,001	\$ 46,800	\$ 46,801	\$ 54,600	\$ 54,601	\$ 62,400	> \$	62,400
5	< or = \$	36,580	\$ 36,581	\$ 45,725	\$ 45,726	\$ 54,870	\$ 54,871	\$ 64,015	\$ 64,016	\$ 73,160	> \$	73,160
6	< or = \$	41,960	\$ 41,961	\$ 52,450	\$ 52,451	\$ 62,940	\$ 62,941	\$ 73,430	\$ 73,431	\$ 83,920	> \$	83,920
7	< or = \$	47,340	\$ 47,341	\$ 59,175	\$ 59,176	\$ 71,010	\$ 71,011	\$ 82,845	\$ 82,846	\$ 94,680	> \$	94,680
8	< or = \$	52,720	\$ 52,721	\$ 65,900	\$ 65,901	\$ 79,080	\$ 79,081	\$ 92,260	\$ 92,261	\$ 105,440	> \$	105,440

For families/households with more than 8 persons, add \$5,380 for each additional person

Se lo ofrecemos un descuento en base a sus ingresos mensuales a los pacientes asegurados, sin seguro y con seguro insuficiente. Para más información, pregunte en recepción.

2024 Niveles de Costos												
Nuevo Paciente Paga: \$30		Nuevo Paciente Paga: \$35		Nuevo Paciente Paga: \$50		Nuevo Paciente Paga: \$70		Nuevo Paciente Paga: \$90		Nuevo Paciente Paga: Cargo Completo		
Paciente Establecido Paga: \$30		Paciente Establecido Paga: \$35		Paciente Establecido Paga: \$50		Paciente Establecido Paga: \$70		Paciente Establecido Paga: \$90		Paciente Establecido Paga: Cargo Completo		
Nivel A		Nivel B		Nivel C		Nivel D		Nivel E		Nivel F		
100% del Nivel Federal de Pobreza		De	Al	De	Al	De	Al	De	Al	> 200% del Nivel Federal de Pobreza		
1	< o = \$	15,060	\$ 15,061	\$ 18,825	\$ 18,826	\$ 22,590	\$ 22,591	\$ 26,355	\$ 26,356	\$ 30,120	> \$	30,120
2	< o = \$	20,440	\$ 20,441	\$ 25,550	\$ 25,551	\$ 30,660	\$ 30,661	\$ 35,770	\$ 35,771	\$ 40,880	> \$	40,880
3	< o = \$	25,820	\$ 25,821	\$ 32,275	\$ 32,276	\$ 38,730	\$ 38,731	\$ 45,185	\$ 45,186	\$ 51,640	> \$	51,640
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8	< o = \$	52,720	\$ 52,721	\$ 65,900	\$ 65,901	\$ 79,080	\$ 79,081	\$ 92,260	\$ 92,261	\$ 105,440	> \$	105,440

Para los hogares con más de 8 personas, añada \$5,380 por cada persona adicional.