

**MONROE COUNTY HEALTH CENTER
2024 SLIDING FEE SCALE**

Gross Annual Income

PATIENT TYPE	A	B	C	D	E
POVERTY LEVEL	<100%	101 – 150%	151-175%	176-200%	Private Pay
FAMILY SIZE 1	15,060	15,061-22,590	22,591-26,355	26,356-30,120	30,121+
2	20,440	20,441-30,660	30,661-35,770	35,771-40,880	40,881+
3	25,820	25,821-38,730	38,731-45,185	45,186-51,640	51,641+
4	31,200	31,201-46,800	46,801-54,600	54,601-62,400	62,401+
5	36,580	36,581-54,870	54,871-64,015	64,016-73,160	73,161+
6	41,960	41,961-62,940	62,941-73,430	73,431-83,920	83,921+
7	47,340	47,341-71,010	71,011-82,845	82,846-94,680	94,681+
8	52,720	52,721-79,080	79,081-92,260	92,261-105,440	105,441+
Payment	\$5.00	\$15.00	\$25.00	\$35.00	Full

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER, ADD: \$5,380

- A: Patient receives full discount, a nominal charge of \$5.00 will be collected.
- B: Patient’s copayment will be \$15.00 per visit
- C: Patient’s copayment will be \$25.00 per visit
- D: Patient’s copayment will be \$35.00 per visit

E: PRIVATE PAY-NOT ELIGIBLE FOR DISCOUNT (Above 200% of Poverty)

Sliding fee patients who are given an order by a MHC provider for a lab/x-ray test prior to or immediately following an office visit will not be charged for that test since it is considered incidental to the office visit. However, any sliding fee patient coming in for other lab tests, x-rays or injections will be charged.

Medicare/PVT Insurance: After MC/Insurance responds, apply fee schedule to those who qualify.

Patients without Insurance: Patients with no insurance may speak to an enrollment specialist or be referred to appropriate agencies to obtain assistance.

FEDERAL POVERTY INCOME GUIDELINES

Effective 1/25/24