

MERIDIAN EDUCATION RESOURCE GROUP  
HEALTH CENTER SLIDING FEE SCHEDULE

	Federal Poverty Level Below 100% "A" Code	Federal Poverty Level Below 125% "B" Code	Federal Poverty Level Below 150% "C" Code	Federal Poverty Level Below 175% "D" Code	Federal Poverty Level Below 200% "E" Code
Family Size	Annual Income <u>At</u> or <u>Below</u>	Annual Income <u>At</u> or <u>Below</u>	Annual Income <u>At</u> or <u>Below</u>	Annual Income <u>At</u> or <u>Below</u>	Annual Income <u>At</u> or <u>Below</u>
1	12,140	15,175	18,210	21,245	24,280
2	16,460	20,575	24,690	28,805	32,920
3	20,780	25,975	31,170	36,365	41,560
4	25,100	31,375	37,650	43,925	50,200
5	29,420	36,775	44,130	51,485	58,840
6	33,740	42,175	50,610	59,045	67,480
7	38,060	47,575	57,090	66,605	76,120
8	42,380	52,975	63,570	74,165	84,760
For each additional person add:	4,320	5,400	6,480	7,560	8,640
Office Visit Medical	<b>\$25</b>	<b>\$30</b>	<b>\$35</b>	<b>\$40</b>	<b>\$45</b>
Office Visit Dental	<b>\$35</b>	<b>\$40</b>	<b>\$45</b>	<b>\$50</b>	<b>\$55</b>
Office Visit Behavioral	<b>\$10</b>	<b>\$15</b>	<b>\$15</b>	<b>\$15</b>	<b>\$20</b>
Procedure Charges Discount	<b>100%</b>	<b>75%</b>	<b>60%</b>	<b>50%</b>	<b>30%</b>

	Federal Poverty Level Below 100% "A" Code	Federal Poverty Level Below 125% "B" Code	Federal Poverty Level Below 150% "C" Code	Federal Poverty Level Below 175% "D" Code	Federal Poverty Level Below 200% "E" Code
Family Size	Monthly Income <u>At</u> or <u>Below</u>	Monthly Income <u>At</u> or <u>Below</u>	Monthly Income <u>At</u> or <u>Below</u>	Monthly Income <u>At</u> or <u>Below</u>	Monthly Income <u>At</u> or <u>Below</u>
1	1,012	1,265	1,518	1,770	2,023
2	1,372	1,715	2,058	2,400	2,743
3	1,732	2,165	2,598	3,030	3,463
4	2,092	2,615	3,138	3,660	4,183
5	2,452	3,065	3,678	4,290	4,903
6	2,812	3,515	4,218	4,920	5,623
7	3,172	3,965	4,758	5,550	6,343
8	3,532	4,415	5,298	6,180	7,063
For each additional person add:	360	450	540	630	720
Office Visit Medical	<b>\$25</b>	<b>\$30</b>	<b>\$35</b>	<b>\$40</b>	<b>\$45</b>
Office Visit Dental	<b>\$35</b>	<b>\$40</b>	<b>\$45</b>	<b>\$50</b>	<b>\$55</b>
Office Visit Behavioral	<b>\$10</b>	<b>\$15</b>	<b>\$15</b>	<b>\$15</b>	<b>\$20</b>
Procedure Charges Discount	<b>100%</b>	<b>75%</b>	<b>60%</b>	<b>50%</b>	<b>30%</b>

- PAYMENTS ARE EXPECTED AT TIME OF SERVICE
- SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.
- PATIENTS ON SLIDE A WILL NEVER PAY MORE THAN SLIDES B TO E
- LAB, INJECTION AND DENTAL SUPPLIES PURCHASED THROUGH VENDORS ARE CHARGED AT FULL COST FOR ALL PAY CODES
- TOOTH EXTRACTION AND FILLINGS ARE CHARGED PER TOOTH IN ACCORDANCE WITH THE APPROPRIATE PAY CODE
- PATIENTS ABOVE 200% OF THE FEDERAL POVERTY LEVEL MAY NOT BE GIVEN DISCOUNTS AND ARE CHARGED AT 100% OF GROSS CHARGES