

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	12,490	15,613	18,735	21,858	24,980
2	16,910	21,138	25,365	29,593	33,820
3	21,330	26,663	31,995	37,328	42,660
4	25,750	32,188	38,625	45,063	51,500
5	30,170	37,713	45,255	52,798	60,340
6	34,590	43,238	51,885	60,533	69,180
7	39,010	48,763	58,515	68,268	78,020
8	43,430	54,288	65,145	76,003	86,860
For each additional person add:	4,420	5,525	6,630	7,735	8,840
Office Visit Medical	\$25	\$30	\$35	\$40	\$45
Office Visit Dental	\$35	\$40	\$45	\$50	\$55
Office Visit Behavioral	\$10	\$15	\$20	\$25	\$30
Procedure Charges Discount	100%	75%	60%	50%	30%

	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	1,041	1,301	1,561	1,821	2,082
2	1,409	1,761	2,114	2,466	2,818
3	1,778	2,222	2,666	3,111	3,555
4	2,146	2,682	3,219	3,755	4,292
5	2,514	3,143	3,771	4,400	5,028
6	2,883	3,603	4,324	5,044	5,765
7	3,251	4,064	4,876	5,689	6,502
8	3,619	4,524	5,429	6,334	7,238
For each additional person add:	368	460	553	645	737
Office Visit Medical	\$25	\$30	\$35	\$40	\$45
Office Visit Dental	\$35	\$40	\$45	\$50	\$55
Office Visit Behavioral	\$10	\$15	\$20	\$25	\$30
Procedure Charges Discount	100%	75%	60%	50%	30%

- 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