

SLIDING FEE DISCOUNT SCALE - PRIMARY CARE & PEDIATRIC SERVICES											
FEDERAL POVERTY GUIDELINES 2023											
DISCOUNT COLUMN	A		B		C		D		E		F
Family Size	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$14,580	\$14,581	\$20,120	\$20,121	\$21,870	\$21,871	\$25,515	\$25,516	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$27,214	\$27,215	\$29,580	\$29,581	\$34,510	\$34,511	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$34,307	\$34,308	\$37,290	\$37,291	\$43,505	\$43,506	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$41,400	\$41,401	\$45,000	\$45,001	\$52,500	\$52,501	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$48,493	\$48,494	\$52,710	\$52,711	\$61,495	\$61,496	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$55,586	\$55,587	\$60,420	\$60,421	\$70,490	\$70,491	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$62,680	\$62,681	\$68,130	\$68,131	\$79,485	\$79,486	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$69,773	\$69,774	\$75,840	\$75,841	\$88,480	\$88,481	\$101,120	\$101,121
9	\$0	\$55,700	\$55,701	\$76,866	\$76,867	\$83,550	\$83,551	\$97,475	\$97,476	\$111,400	\$111,401
10	\$0	\$60,840	\$60,841	\$83,959	\$83,960	\$91,260	\$91,261	\$106,470	\$106,471	\$121,680	\$121,681
Each Additional Person	\$5,140		\$7,093		\$7,710		\$8,995		\$10,280		\$10,280
Percentage of Discount to be Billed to Patient Charges (or Flat Rates)	Pay \$20.00		75% Discount on Visit Cost		65% Discount on Visit Cost		55% Discount on Visit Cost		45% Discount on Visit Cost		Pay 100% of Visit Cost
Poverty Level	0% to 100% Poverty		101% to 138% Poverty		139% to 150% Poverty		151% to 175% Poverty		176% to 200% Poverty		Above 200% Poverty

❖ Family PACT & CDP Eligible Patients:	No Charge - See Family Planning tab
❖ MHLA Eligible Patients: (Categories A & B only)	No charge - must show proof of: <ul style="list-style-type: none"> • Income • Residency within L.A. County
❖ Sliding Fee Patients:	Paycheck stub, tax return, or other proof of income to be provided. Service will not be denied due to inability to pay. NOTE: Discounts apply to entire fee which includes provider services, labs and other procedures. Medications are not included in the fee and need to be paid separately.
❖ Covered California Patients:	Patients with Covered California Plans need to pay their visit's co-payment. If no co-payment is indicated but they have a deductible amount, they need to pay for the visit cost in accordance to our sliding fee schedule.
❖ Other Insurance Patients:	Patients with Commercial PPO need to pay their visit co-payment. If no co-payment is indicated but they have a deductible amount, they need to pay for the visit cost in accordance to our sliding fee schedule.