

SLIDING FEE DISCOUNT SCALE - PRIMARY CARE & PEDIATRIC SERVICES											
FEDERAL POVERTY GUIDELINES 2024											
DISCOUNT COLUMN	A		B		C		D		E		F
Family Size	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$15,060	\$15,061	\$20,783	\$20,784	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121
2	\$0	\$20,440	\$20,441	\$28,207	\$28,208	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881
3	\$0	\$25,820	\$25,821	\$35,632	\$35,633	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641
4	\$0	\$31,200	\$31,201	\$43,056	\$43,057	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401
5	\$0	\$36,580	\$36,581	\$50,480	\$50,481	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161
6	\$0	\$41,960	\$41,961	\$57,905	\$57,906	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921
7	\$0	\$47,340	\$47,341	\$65,329	\$65,330	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681
8	\$0	\$52,720	\$52,721	\$72,754	\$72,755	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441
9	\$0	\$58,100	\$58,101	\$80,178	\$80,179	\$87,150	\$87,151	\$101,675	\$101,676	\$116,200	\$116,201
10	\$0	\$63,480	\$63,481	\$87,602	\$87,603	\$95,220	\$95,221	\$111,090	\$111,091	\$126,960	\$126,961
Each Additional Person	\$5,380		\$7,424		\$8,070		\$9,415		\$10,760		\$10,760
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.