

ANNUAL INCOME

Family Size	A		B		C		D		E		F
	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$13,590	\$13,591	\$18,754	\$18,755	\$20,385	\$20,386	\$27,180	\$27,181	\$33,975	\$33,976
2	\$0	\$18,310	\$18,311	\$25,268	\$25,269	\$27,465	\$27,466	\$36,620	\$36,621	\$45,775	\$45,776
3	\$0	\$23,030	\$23,031	\$31,781	\$31,782	\$34,545	\$34,546	\$46,060	\$46,061	\$57,575	\$57,576
4	\$0	\$27,750	\$27,751	\$38,295	\$38,296	\$41,625	\$41,626	\$55,500	\$55,501	\$69,375	\$69,376
5	\$0	\$32,470	\$32,471	\$44,809	\$44,810	\$48,705	\$48,706	\$64,940	\$64,941	\$81,175	\$81,176
6	\$0	\$37,190	\$37,191	\$51,322	\$51,323	\$55,785	\$55,786	\$74,380	\$74,381	\$92,975	\$92,976
7	\$0	\$41,910	\$41,911	\$57,836	\$57,837	\$62,865	\$62,866	\$83,820	\$83,821	\$104,775	\$104,776
8	\$0	\$46,630	\$46,631	\$64,349	\$64,350	\$69,945	\$69,946	\$93,260	\$93,261	\$116,575	\$116,576
9	\$0	\$51,350	\$51,351	\$70,863	\$70,864	\$77,025	\$77,026	\$102,700	\$102,701	\$128,375	\$128,376
10	\$0	\$56,070	\$56,071	\$77,377	\$77,378	\$84,105	\$84,106	\$112,140	\$112,141	\$140,175	\$140,176
Each Additional Person	\$4,720		\$6,514		\$7,080		\$9,440		\$11,800		\$11,800
Percentage of Charges to be Billed to Patient	Pay \$0.00		Pay 25% of Visit Cost		Pay 35% of Visit Cost		Pay 50% of Visit Cost		Pay 85% of Visit Cost		Pay 100% of Visit Cost
Poverty Level	0% to 100% Poverty		100% to 138% Poverty		139% to 150% Poverty		151% to 200% Poverty		201% to 250% Poverty		Over 250% Poverty

❖ Family PACT & CDP Eligible Patients:	No Charge
❖ MHLA Eligible Patients: (Categories A & B only) <i>Should only be used if the patient does not qualify for PACT or CDP.</i>	No Charge – Must show proof of: <ul style="list-style-type: none"> Income Residency within L.A. County
❖ Sliding Fee Patients:	<ul style="list-style-type: none"> Paycheck stub, tax return, or other proof of income to be provided. Service will not be denied due to inability to pay. <p>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.</p>
❖ Covered California Patients:	Patients with Covered California Plans 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.
❖ 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.