

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	\$23,783	\$23,784	\$27,180	\$27,181
2	\$0	\$18,310	\$18,311	\$25,268	\$25,269	\$27,465	\$27,466	\$32,043	\$32,044	\$36,620	\$36,621
3	\$0	\$23,030	\$23,031	\$31,781	\$31,782	\$34,545	\$34,546	\$40,303	\$40,304	\$46,060	\$46,061
4	\$0	\$27,750	\$27,751	\$38,295	\$38,296	\$41,625	\$41,626	\$48,563	\$48,564	\$55,500	\$55,501
5	\$0	\$32,470	\$32,471	\$44,809	\$44,810	\$48,705	\$48,706	\$56,823	\$56,824	\$64,940	\$64,941
6	\$0	\$37,190	\$37,191	\$51,322	\$51,323	\$55,785	\$55,786	\$65,083	\$65,084	\$74,380	\$74,381
7	\$0	\$41,910	\$41,911	\$57,836	\$57,837	\$62,865	\$62,866	\$73,343	\$73,344	\$83,820	\$83,821
8	\$0	\$46,630	\$46,631	\$64,349	\$64,350	\$69,945	\$69,946	\$81,603	\$81,604	\$93,260	\$93,261
9	\$0	\$51,350	\$51,351	\$70,863	\$70,864	\$77,025	\$77,026	\$89,863	\$89,864	\$102,700	\$102,701
10	\$0	\$56,070	\$56,071	\$77,377	\$77,378	\$84,105	\$84,106	\$98,123	\$98,124	\$112,140	\$112,141
Each Additional Person	\$4,720		\$6,514		\$7,080		\$8,260		\$9,440		\$9,440
Percentage of Charges to be Billed to Patient	Pay \$20.00		Pay 25% of Visit Cost		Pay 35% of Visit Cost		Pay 45% of Visit Cost		Pay 55% of 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.