

SLIDING FEE DISCOUNT SCALE - FAMILY PLANNING 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	\$29,160	\$29,161	\$36,450	\$36,451
2	\$0	\$19,720	\$19,721	\$27,214	\$27,215	\$29,580	\$29,581	\$39,440	\$39,441	\$49,300	\$49,301
3	\$0	\$24,860	\$24,861	\$34,307	\$34,308	\$37,290	\$37,291	\$49,720	\$49,721	\$62,150	\$62,151
4	\$0	\$30,000	\$30,001	\$41,400	\$41,401	\$45,000	\$45,001	\$60,000	\$60,001	\$75,000	\$75,001
5	\$0	\$35,140	\$35,141	\$48,493	\$48,494	\$52,710	\$52,711	\$70,280	\$70,281	\$87,850	\$87,851
6	\$0	\$40,280	\$40,281	\$55,586	\$55,587	\$60,420	\$60,421	\$80,560	\$80,561	\$100,700	\$100,701
7	\$0	\$45,420	\$45,421	\$62,680	\$62,681	\$68,130	\$68,131	\$90,840	\$90,841	\$113,550	\$113,551
8	\$0	\$50,560	\$50,561	\$69,773	\$69,774	\$75,840	\$75,841	\$101,120	\$101,121	\$126,400	\$126,401
9	\$0	\$55,700	\$55,701	\$76,866	\$76,867	\$83,550	\$83,551	\$111,400	\$111,401	\$139,250	\$139,251
10	\$0	\$60,840	\$60,841	\$83,959	\$83,960	\$91,260	\$91,261	\$121,680	\$121,681	\$152,100	\$152,101
Each Additional Person	\$5,140		\$7,093		\$7,710		\$10,280		\$12,850		\$12,850
Percentage of Discount to be Billed to Patient Charges (or Flat Rates)	Pay \$0.00		75% Discount on Visit Cost		65% Discount on Visit Cost		50% Discount on Visit Cost		15% 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 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 Family 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.