

SLIDING FEE DISCOUNT SCALE - FAMILY PLANNING 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	\$30,120	\$30,121	\$37,650	\$37,651
2	\$0	\$20,440	\$20,441	\$28,207	\$28,208	\$30,660	\$30,661	\$40,880	\$40,881	\$51,100	\$51,101
3	\$0	\$25,820	\$25,821	\$35,632	\$35,633	\$38,730	\$38,731	\$51,640	\$51,641	\$64,550	\$64,551
4	\$0	\$31,200	\$31,201	\$43,056	\$43,057	\$46,800	\$46,801	\$62,400	\$62,401	\$78,000	\$78,001
5	\$0	\$36,580	\$36,581	\$50,480	\$50,481	\$54,870	\$54,871	\$73,160	\$73,161	\$91,450	\$91,451
6	\$0	\$41,960	\$41,961	\$57,905	\$57,906	\$62,940	\$62,941	\$83,920	\$83,921	\$104,900	\$104,901
7	\$0	\$47,340	\$47,341	\$65,329	\$65,330	\$71,010	\$71,011	\$94,680	\$94,681	\$118,350	\$118,351
8	\$0	\$52,720	\$52,721	\$72,754	\$72,755	\$79,080	\$79,081	\$105,440	\$105,441	\$131,800	\$131,801
9	\$0	\$58,100	\$58,101	\$80,178	\$80,179	\$87,150	\$87,151	\$116,200	\$116,201	\$145,250	\$145,251
10	\$0	\$63,480	\$63,481	\$87,602	\$87,603	\$95,220	\$95,221	\$126,960	\$126,961	\$158,700	\$158,701
Each Additional Person	\$5,380		\$7,424		\$8,070		\$10,760		\$13,450		\$13,450
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

❖ <b>Family PACT &amp; CDP Eligible Patients:</b>	<b>No Charge</b>
❖ <b>MHLA Eligible Patients:</b> (Categories A & B only) <i>Should only be used if the patient does not qualify for Family PACT or CDP.</i>	<b>No Charge – Must show proof of:</b> <ul style="list-style-type: none"> <li>Income</li> <li>Residency within L.A. County</li> </ul>
❖ <b>Sliding Fee Patients:</b>	<ul style="list-style-type: none"> <li>Paycheck stub, tax return, or other proof of income to be provided.</li> <li><b>Service will not be denied due to inability to pay.</b></li> </ul> <p><b>NOTE:</b> Discounts apply to entire fee which includes provider services, labs and other procedures. <b>Medications are not included in the fee and need to be paid separately.</b></p>
❖ <b>Covered California Patients:</b>	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.
❖ <b>Other Insurance Patients:</b>	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.