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2021 CHINATOWN SERVICE CENTER SLIDING FEE SCALE

		Federal Poverty Guideline	Self Pay I 0% - 100% (nominal fee)	Self Pay II >101%-125%	Self Pay III >126%-150%	Self Pay IV >151%-175%	Self Pay V >176%-200%	Self Pay VI above 201%					
	Services Discounte Rate	Medical	\$40	70%	60%	50%	40%	Full Fee					
		Behavioral Health	\$40	70%	60%	50%	40%	Full Fee					
		Dental	\$40	70%	60%	50%	40%	Full Fee					
		Optometry	\$40	70%	60%	50%	40%	Full Fee					
		Additional Service Payments	Nominal Fee Per Schedule	70%	60%	50%	40%	100%					
Family Size	Annual Income	Monthly Income											
1	\$12,876	\$1,073	0 - \$1073	\$12,888	\$16,092	\$16,104	\$19,320	\$19,332	\$22,536	\$22,548	\$25,752	\$25,764	+
				Monthly	\$ 1,341	\$ 1,342	\$ 1,610	\$ 1,611	\$ 1,878	\$ 1,879	\$ 2,146	\$ 2,147	
2	\$17,424	\$1,452	0 - \$1,452	\$17,436	\$21,780	\$21,792	\$26,136	\$26,148	\$30,492	\$30,504	\$34,848	\$34,860	+
				Monthly	\$1,815	\$1,816	\$2,178	\$2,179	\$2,541	\$2,542	\$2,904	\$2,905	
3	\$21,960	\$1,830	0 - \$1,830	\$21,972	\$27,456	\$27,468	\$32,940	\$32,952	\$38,436	\$38,448	\$43,920	\$43,932	+
				Monthly	\$2,288	\$2,289	\$2,745	\$2,746	\$3,203	\$3,204	\$3,660	\$3,661	
4	\$26,496	\$2,208	0 - \$2,208	\$26,508	\$33,120	\$33,132	\$39,744	\$39,756	\$46,368	\$46,380	\$52,992	\$53,004	+
				Monthly	\$2,760	\$2,761	\$3,312	\$3,313	\$3,864	\$3,865	\$4,416	\$4,417	
5	\$31,044	\$2,587	0- \$2,587	\$31,056	\$38,808	\$38,820	\$46,572	\$46,584	\$54,324	\$54,336	\$62,088	\$62,100	+
				Monthly	3234	\$3,235	\$3,881	\$3,882	\$4,527	\$4,528	\$5,174	\$5,175	
6	\$35,580	\$2,965	0 - \$2,965	\$35,592	\$44,472	\$44,484	\$53,376	\$53,388	\$62,268	\$62,280	\$71,160	\$71,172	+
				Monthly	\$3,706	\$3,707	\$4,448	\$4,449	\$5,189	\$5,190	\$5,930	\$5,931	
7	\$40,116	\$3,343	0 - \$3,343	\$40,128	\$50,148	\$50,160	\$60,180	\$60,192	\$70,200	\$70,212	\$80,232	\$80,244	+
				Monthly	\$4,179	\$4,180	\$5,015	\$5,016	\$5,850	\$5,851	\$6,686	\$6,687	
8	\$44,664	\$3,722	0 - \$3,722	\$44,676	\$55,836	\$55,848	\$66,996	\$67,008	\$78,168	\$78,180	\$89,328	\$89,340	+
				Monthly	\$4,653	\$4,654	\$5,583	\$5,584	\$6,514	\$6,515	\$7,444	\$7,445	
For families/households with more than 8 persons, add \$5,080 to annual income for each additional person.													
Para las familias y los hogares con más de 8 personas, agregue \$5,080 a ingresos anuales por cada persona adicional.													

Glasses billed seperately excluded from slide**

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size.

Para visitas en que no califico para un programa especial o por seguro medico, ofrecemos descuentos basado en su ingreso bruto y por la medida de su familia.

Payment is requested on the date of service.

Su pago se require en el dia de servicio.

Valid until February 28, 2022