



**2024 Sliding Fee Discount Schedule / Tarifa de Descuento**

Category / Categoría	A		B		C		D		E		F
Patient Responsibility / Reponsabilidad del Paciente	Nominal Charge	Cobro Nominal	20%		40%		60%		80%		100%
FPG	0 - 100%		101-125%		126-150%		151-175%		176-200%		201% +
Family Size / Tamaño de la Familia											
1	\$ -	\$ 15,060	\$ 15,061	\$ 18,825	\$ 18,826	\$ 22,590	\$ 22,591	\$ 26,355	\$ 26,356	\$ 30,120	\$ 30,121
2	\$ -	\$ 20,440	\$ 20,441	\$ 25,550	\$ 25,551	\$ 30,660	\$ 30,661	\$ 35,770	\$ 35,771	\$ 40,880	\$ 40,881
3	\$ -	\$ 25,820	\$ 25,821	\$ 32,275	\$ 32,276	\$ 38,730	\$ 38,731	\$ 45,185	\$ 45,186	\$ 51,640	\$ 51,641
4	\$ -	\$ 31,200	\$ 31,201	\$ 39,000	\$ 39,001	\$ 46,800	\$ 46,801	\$ 54,600	\$ 54,601	\$ 62,400	\$ 62,401
5	\$ -	\$ 36,580	\$ 36,581	\$ 45,725	\$ 45,726	\$ 54,870	\$ 54,871	\$ 64,015	\$ 64,016	\$ 73,160	\$ 73,161
6	\$ -	\$ 41,960	\$ 41,961	\$ 52,450	\$ 52,451	\$ 62,940	\$ 62,941	\$ 73,430	\$ 73,431	\$ 83,920	\$ 83,921
7	\$ -	\$ 47,340	\$ 47,341	\$ 59,175	\$ 59,176	\$ 71,010	\$ 71,011	\$ 82,845	\$ 82,846	\$ 94,680	\$ 94,681
8	\$ -	\$ 52,720	\$ 52,721	\$ 65,900	\$ 65,901	\$ 79,080	\$ 79,081	\$ 92,260	\$ 92,261	\$ 105,440	\$ 105,441

**Notes / Notas**

For families/households with more than 8 persons, add \$5,380 for each additional person  
 2024 poverty guidelines are in effect as of January 17, 2024, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Para familias/hogares con más de 8 personas, agregue \$5,380 por cada persona adicional  
 Las guías para 2024 de personas con bajos ingresos están vigentes a partir del 17 de Enero de 2024, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Nominal Charge / Cobro Nominal	A
Medical / Médico	\$ 25
Behavioral Health / Servicios de Salud Mental	\$ 5