

ILANKA COMMUNITY HEALTH CENTER - SLIDING FEE DISCOUNT SCHEDULE

This Slide Covers Clinic Services, Behavioral Health Services, Ultrasounds, Eye Exams, Teeth Cleaning

Based upon Federal Poverty Guidelines published in the January 16, 2023 Federal Register

Discount:	Nominal Fee \$10 BH \$10 Clinic \$30 Ultrasound \$10 Eye Exams \$10 Teeth Cleaning	\$50.00	\$75.00	\$100.00	No Discount	
Poverty Level %	100%	101% to 150%	151% to 175%	176% to 200%	>200%	
ANNUAL INCOME TABLE	Based on \$ 18,210 for a family of one \$ 6,430 for each additional family member					
	Family Size	ANNUAL INCOME				
	1	18,210	18,211 - 27,315	27,316 - 31,868	31,869 - 36,420	36,421
	2	24,640	24,641 - 36,960	36,961 - 43,120	43,121 - 49,280	49,281
	3	31,070	31,071 - 46,605	46,606 - 54,373	54,374 - 62,140	62,141
	4	37,500	37,501 - 56,250	56,251 - 65,625	65,626 - 75,000	75,001
	5	43,930	43,931 - 65,895	65,896 - 76,878	76,879 - 87,860	87,861
	6	50,360	50,361 - 75,540	75,541 - 88,130	88,131 - 100,720	100,721
	7	56,790	56,791 - 85,185	85,186 - 99,383	99,384 - 113,580	113,581
8	63,220	63,221 - 94,830	94,831 - 110,635	110,636 - 126,440	126,441	
Medications	\$0.00	\$2	\$4	\$6	No Discount	
Labs	\$0.00	\$5	\$10	\$15	No Discount	