

Health Center Depending on household size and household income, Patients are assigned a discount level.

				Midwes	t Refuah Hea	alth Center					
				Sliding	Fee Discount	t Schedule					
				Based on Fe	deral (FPL) Gui	delines for: 2	024				
% of FPL:	0%-100%	5 101% 1		126% to	o 150%	151% to 175%			176% to 200%		>200%
Family Size	At or Below	At least	At or Below	At least	At or Below	At least	At o Below		At least	At or Below	At least
1	\$15,060.00	\$15,210.60	\$18,825.0	00 \$18,826.00	\$22,590.00	\$22,591.00	\$26,35	5.00	\$26,356.00	\$30,120.00	\$30,121.00
2	\$20,440.00	\$20,644.40	\$25,550.0	00 \$25,551.00	\$30,660.00	\$30,661.00	\$35,770.00		\$35,771.00	\$40,880.00	\$40,881.00
3	\$25,820.00	\$26,078.20	\$32,275.0	00 \$32,276.00	\$38,730.00	\$38,731.00	\$45,185.00		\$45,186.00	\$51,640.00	\$51,641.00
4	\$31,200.00	\$31,512.00	\$39,000.0	00 \$39,001.00	\$46,800.00	\$46,801.00	\$54,600.00		\$54,601.00	\$62,400.00	\$62,401.00
5	\$36,580.00	\$36,945.80	\$45,725.0	00 \$45,726.00	\$54,870.00	\$54,871.00	\$64,015.00		\$64,016.00	\$73,160.00	\$73,161.00
6	\$41,960.00	\$42,379.60	\$52,450.0	00 \$52,451.00	\$62,940.00	\$62,941.00	\$73,430.00		\$73,431.00	\$83,920.00	\$83,921.00
7	\$47,340.00	\$47,813.40	\$59,175.0	00 \$59,176.00	\$71,010.00	\$71,011.00	\$82,845.00		\$82,846.00	\$94,680.00	\$94,681.00
8	\$52,720.00	\$53,247.20 \$65,90		00 \$65,901.00	\$79,080.00	\$79,081.00	\$92,260.00		\$92,261.00	\$105,440.00	\$105,441.00
9	\$58,100.00	\$58,681.00	\$72,625.0	00 \$72,626.00	\$87,150.00	\$87,151.00	\$101,675.00		\$101,676.00	\$116,200.00	\$116,201.00
10	\$63,240.00	\$63,872.40	\$79,050.0	00 \$79,051.00	\$94,860.00	\$94,861.00	\$110,670.00		\$110,671.00	\$126,480.00	\$126,481.00
Additional person>10:	Add \$5,140 for each additional person										
	Discount Level	Level A: 100% & <fpg \$25.00</fpg 		Level B: >101-125% FPG	Level C: 126-150% FPG	Level 151-1 FPG			el E: -200%	Level F: >200% FPG	
	Minimum fee			\$30.00	\$35.00		\$40.00		.00	Full Fee	