

Open Door Health Services, INC.

Sliding Fee Scale - General Medical

Effective January 18, 2018

		100% Discount	80% Discount		60% Discount		40% Discount		20% Discount		0% Discount
		Level A Income less than 100% Poverty	Level B Income Between 101% - 125% Poverty		Level C Income Between 126% - 150% Poverty		Level D Income Between 151% - 175% Poverty		Level E Income Between 176% - 200% Poverty		Level F Income Greater than 200% of Poverty
Household Size	Income Type	Less than	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Greater than
1	Annual	\$12,490	\$12,491	\$15,613	\$15,614	\$18,735	\$18,736	\$21,858	\$21,859	\$24,980	\$24,980
	Monthly	\$1,041	\$1,042	\$1,301	\$1,302	\$1,562	\$1,563	\$1,822	\$1,823	\$2,082	\$2,082
2	Annual	\$16,910	\$16,911	\$21,138	\$21,139	\$25,365	\$25,366	\$29,593	\$29,594	\$33,820	\$33,820
	Monthly	\$1,409	\$1,410	\$1,761	\$1,762	\$2,114	\$2,115	\$2,466	\$2,467	\$2,818	\$2,818
3	Annual	\$21,330	\$21,331	\$26,663	\$26,664	\$31,995	\$31,996	\$37,328	\$37,329	\$42,660	\$42,660
	Monthly	\$1,778	\$1,779	\$2,223	\$2,224	\$2,667	\$2,668	\$3,112	\$3,113	\$3,556	\$3,556
4	Annual	\$25,750	\$25,751	\$32,188	\$32,189	\$38,625	\$38,626	\$45,063	\$45,064	\$51,500	\$51,500
	Monthly	\$2,146	\$2,147	\$2,683	\$2,684	\$3,219	\$3,220	\$3,756	\$3,757	\$4,292	\$4,292
5	Annual	\$30,170	\$30,171	\$37,713	\$37,714	\$45,255	\$45,256	\$52,798	\$52,799	\$60,340	\$60,340
	Monthly	\$2,514	\$2,515	\$3,143	\$3,144	\$3,771	\$3,772	\$4,400	\$4,401	\$5,028	\$5,028
6	Annual	\$34,590	\$34,591	\$43,238	\$43,239	\$51,885	\$51,886	\$60,533	\$60,534	\$69,180	\$69,180
	Monthly	\$2,883	\$2,884	\$3,604	\$3,605	\$4,325	\$4,326	\$5,045	\$5,046	\$5,766	\$5,766
7	Annual	\$39,010	\$39,011	\$48,763	\$48,764	\$58,515	\$58,516	\$68,268	\$68,269	\$78,020	\$78,020
	Monthly	\$3,251	\$3,252	\$4,064	\$4,065	\$4,877	\$4,878	\$5,689	\$5,690	\$6,502	\$6,502
Add per extra person	Annual	\$4,420	\$4,420	\$5,525	\$5,525	\$6,630	\$6,630	\$7,735	\$7,735	\$8,840	\$8,840
	Monthly	\$368	\$368	\$460	\$460	\$552	\$552	\$644	\$644	\$736	\$736

	A	B	C	D	E	F
Sliding fee discount	100%	80%	60%	40%	20%	0%
Nominal fee due at time of office visit and/or lab service	\$20.00	\$25.00 Will be billed remaining 25% of charges	\$25.00 Will be billed remaining 50% of charges	\$30.00 Will be billed remaining 50% of charges	\$30.00 Will be billed remaining 75% of charges	\$30.00 Will be billed remaining 100% of charges