

Open Door Health Services, INC.

Sliding Fee Scale - General Medical

		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	\$12,880	\$12,881	\$16,100	\$16,101	\$19,320	\$19,321	\$22,540	\$22,541	\$25,760	\$25,760
	Monthly	\$1,073	\$1,074	\$1,341	\$1,342	\$1,610	\$1,611	\$1,878	\$1,879	\$2,146	\$2,146
2	Annual	\$17,420	\$17,421	\$21,775	\$21,776	\$26,130	\$26,131	\$30,485	\$30,486	\$34,840	\$34,840
	Monthly	\$1,452	\$1,453	\$1,815	\$1,816	\$2,178	\$2,179	\$2,541	\$2,542	\$2,904	\$2,904
3	Annual	\$21,960	\$21,961	\$27,450	\$27,451	\$32,940	\$32,941	\$38,430	\$38,431	\$43,920	\$43,920
	Monthly	\$1,830	\$1,831	\$2,288	\$2,289	\$2,745	\$2,746	\$3,203	\$3,204	\$3,660	\$3,660
4	Annual	\$26,500	\$26,501	\$33,125	\$33,126	\$39,750	\$39,751	\$46,375	\$46,376	\$53,000	\$53,000
	Monthly	\$2,208	\$2,209	\$2,760	\$2,761	\$3,312	\$3,313	\$3,864	\$3,865	\$4,416	\$4,416
5	Annual	\$31,040	\$31,041	\$38,800	\$38,801	\$46,560	\$46,561	\$54,320	\$54,321	\$62,080	\$62,080
	Monthly	\$2,587	\$2,588	\$3,234	\$3,235	\$3,881	\$3,882	\$4,527	\$4,528	\$5,174	\$5,174
6	Annual	\$35,580	\$35,581	\$44,475	\$44,476	\$53,370	\$53,371	\$62,265	\$62,266	\$71,160	\$71,160
	Monthly	\$2,965	\$2,966	\$3,706	\$3,707	\$4,448	\$4,449	\$5,189	\$5,190	\$5,930	\$5,930
7	Annual	\$40,120	\$40,121	\$50,150	\$50,151	\$60,180	\$60,181	\$70,210	\$70,211	\$80,240	\$80,240
	Monthly	\$3,343	\$3,344	\$4,179	\$4,180	\$5,015	\$5,016	\$5,850	\$5,851	\$6,686	\$6,686
Add per extra person	Annual	\$4,540	\$4,540	\$5,675	\$5,675	\$6,810	\$6,810	\$7,945	\$7,945	\$9,080	\$89,080
	Monthly	\$378	\$378	\$473	\$473	\$567	\$567	\$662	\$662	\$756	\$756

	A	B	C	D	E	F
Sliding Fee Discount	100%	80%	60%	40%	20%	0%
Nominal Fee due to 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