

## ARE YOU ELIGIBLE FOR DISCOUNTED HEALTH CARE SERVICES

OUR FEDERALLY FUNDED DISCOUNT PROGRAM IS BASED UPON YOUR FAMILY INCOME BEFORE TAXES AND THE SIZE OF YOUR FAMILY PLEASE CHECK THE CHART BELOW TO DETERMINE IF YOU QUALIFY.

### SCRANTON PRIMARY HEALTH CARE CENTER, INC. DENTAL CENTER ONLY SLIDING FEE SCALE

Based on 2019 Federal Poverty Guidelines

Family Size	Nominal Fee*		75% Discount		50 % Discount		25 % Discount		Not eligible for sliding fee discount	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$0	\$12,490	\$12,491	\$15,613	\$15,614	\$18,735	\$18,736	\$24,980	\$24,981+	NA
2	\$0	\$16,910	\$16,911	\$21,138	\$21,139	\$25,365	\$25,366	\$33,820	\$33,821+	NA
3	\$0	\$21,330	\$21,331	\$26,663	\$26,664	\$31,995	\$31,996	\$42,660	\$42,661+	NA
4	\$0	\$25,750	\$25,751	\$32,188	\$32,189	\$38,625	\$38,626	\$51,500	\$51,501+	NA
5	\$0	\$30,170	\$30,171	\$37,713	\$37,714	\$45,255	\$45,256	\$60,340	\$60,341+	NA
6	\$0	\$34,590	\$34,591	\$43,688	\$43,689	\$51,885	\$51,886	\$69,180	\$69,181+	NA
7	\$0	\$39,010	\$39,011	\$48,763	\$48,764	\$58,515	\$58,516	\$78,020	\$78,021+	NA
8	\$0	\$43,430	\$43,431	\$54,288	\$54,289	\$65,145	\$65,146	\$86,860	\$86,861+	NA
<b>FPL</b>	< 100%		125%		150%		175%		200%	

For Family Units with more than 8 members, of each additional member add \$4,420

\* Patients under 100% of FPL will be charged a nominal fee of \$30

**NO PATIENT IS REFUSED CARE BECAUSE OF INABILITY TO PAY**

## ¿ES USTED ELEGIBLE PARA SERVICIOS DE ATENCIÓN MÉDICA CON DESCUENTO

NUESTRO PROGRAMA DE DESCUENTOS CON FONDOS FEDERALES SE BASA EN LOS INGRESOS DE SU FAMILIA ANTES DE IMPUESTOS Y EL TAMAÑO DE SU FAMILIA, POR FAVOR COMPRUEBAN LA TABLA A CONTINUACIÓN PARA DETERMINAR SI USTED CALIFICA.

### SCRANTON PRIMARY HEALTH CARE CENTER, INC. DENTAL CENTER ONLY ESCALA DE HONORARIOS

Basado en las pautas federales de pobreza 2019

Tamaño de la familia	Tarifa nominal *		75% Descuento		50% Descuento		25% Descuento		No son elegibles para el desplazamiento de descuento tarifa	
	Por encima de	Por debajo de	Por encima de	Por debajo de	Por encima de	Por debajo de	Por encima de	Por debajo de	Por encima de	Por debajo de
1	\$0	\$12.490	\$12.491	\$15.613	\$15.614	\$18.735	\$18.736	\$24.980	\$24.981 +	NA
2	\$0	\$16.910	\$16.911	\$21.138	\$21.139	\$25.365	\$25.366	\$33.820	\$33.821 +	NA
3	\$0	\$21.330	\$21.331	\$26.663	\$26.664	\$31.995	\$31.996	\$42.660	\$42.661 +	NA
4	\$0	\$25.750	\$25.751	\$32.188	\$32.189	\$38.625	\$38.626	\$51.500	\$51.501 +	NA
5	\$0	\$30.170	\$30.171	\$37.713	\$37.714	\$45.255	\$45.256	\$60.340	\$60.341 +	NA
6	\$0	\$34.590	\$34.591	\$43.688	\$43.689	\$51.885	\$51.886	\$69.180	\$69.181 +	NA
7	\$0	\$39.010	\$39.011	\$48.763	\$48.764	\$58.515	\$58.516	\$78.020	\$78.121 +	NA
8	\$0	\$43.430	\$43.431	\$54.288	\$54.289	\$65.145	\$65.146	\$86.860	\$86.861 +	NA
<b>FPL</b>	< 100%		125%		150%		175%		200%	

Unidades de familia con más de 8 miembros, cada miembro adicional añadir \$4.420

**\* Los pacientes de menos de 100% del FPL le cobrará una cuota nominal de \$30**

**NINGÚN PACIENTE SE RECHAZA CUIDADO DEBIDO A INCAPACIDAD PARA PAGAR**