Attachment A

2022 CHINATOWN SERVICE CENTER SLIDING FEE SCALE

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		Federal Poverty Guideline	Self Pay I 0% - 100% (nominal fee)	% - 100% Self Pay II nominal >101%-125%		Self Pay III >126%-150%		Self Pay IV >151%-175%		Self Pay V >176%-200%		Self Pay VI above 201%	
		Medical	\$40	\$60		\$80		\$100		\$120		Full Fee	
	Services	Behavioral Health	\$40	\$60		\$80		\$100		\$120		Full Fee	
		Dental	\$40	\$60		\$80		\$100		\$120		Full Fee	
		Optometry	\$40	\$60		\$80		\$100		\$120		Full Fee	
	Discounte Rate	Additional Service Payments		\$ 60		\$80		\$100		\$120		100%	
Family Size	Annual Income	Monthly Income											
1	\$13,590	\$1,133	0 - \$1133	\$13,608	\$16,995	\$17,007	\$20,394	\$20,406	\$23,793	\$23,805	\$27,192	\$27,204	+
				Monthly	\$ 1,416	\$ 1,417	\$ 1,700	\$ 1,701	\$ 1,983	\$ 1,984	\$ 2,266	\$ 2,267	
2	\$18,310	\$1,526	0 - \$1,526	\$18,312	\$22,890	\$22,902	\$27,468	\$27,480	\$32,046	\$32,058	\$36,624	\$36,636	+
				Monthly	\$1,908	\$1,909	\$2,289	\$2,290	\$2,671	\$2,672	\$3,052	\$3,053	
3	\$23,030	\$1,919	0 - \$1,919	\$23,028	\$28,785	\$28,797	\$34,542	\$34,554	\$40,299	\$40,311	\$46,056	\$46,068	+
				Monthly	\$2,399	\$2,400	\$2,879	\$2,880	\$3,358	\$3,359	\$3,838	\$3,839	
4	\$27,750	\$2,313	0 - \$2,313	\$27,756	\$34,695	\$34,707	\$41,634	\$41,646	\$48,573	\$48,585	\$55,512	\$55,524	+
				Monthly	\$2,891	\$2,892	\$3,470	\$3,471	\$4,048	\$4,049	\$4,626	\$4,627	
5	\$32,470	\$2,706	0- \$2,706	\$32,472	\$40,590	\$40,602	\$48,708	\$48,720	\$56,826	\$56,838	\$64,944	\$64,956	+
				Monthly	3383	\$3,384	\$4,059	\$4,060	\$4,736	\$4,737	\$5,412	\$5,413	
6	\$37,190	\$3,099	0 - \$3099	\$37,188	\$46,485	\$46,497	\$55,782	\$55,794	\$65,079	\$65,091	\$74,376	\$74,388	+
				Monthly	\$3,874	\$3,875	\$4,649	\$4,650	\$5,423	\$5,424	\$6,198	\$6,199	
7	\$41,910	\$3,493	0 - \$3,493	\$41,916	\$52,395	\$52,407	\$62,874	\$62,886	\$73,353	\$73,365	\$83,832	\$83,844	+
				Monthly	\$4,366	\$4,367	\$5,240	\$5,241	\$6,113	\$6,114	\$6,986	\$6,987	
8	\$46,630	\$3,886	0 - \$3,886	\$46,632	\$58,290	\$58,302	\$69,948	\$69,960	\$81,606	\$81,618	\$93,264	\$93,276	+
				Monthly	\$4,858	\$4,859	\$5,829	\$5,830	\$6,801	\$6,802	\$7,772	\$7,773	
		more than 8 persons											
ara las fa	amilias y los hogar	es con más de 8 perso	mas, agregue	\$5,080 a ingre	esos anuales p	or cada persor	na adicional.						

^{***}Glasses billed seperately excluded from slide*****

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size.

Para visitas en que no califico para un programa especial o por seguro medico, ofrecemos descuentos basado en su ingreso bruto y por la medida de su familia.

Payment is requested on the date of service. Su pago se require en el dia de servicio. Valid until February 28, 2023