

DISCOUNT LEVEL BASED ON FAMILY INCOME & SIZE

APPENDIX A

	Level A		Level B1		Level B2		Level B3		Level B4		Level C
FAMILY	<100% OF		<125% OF		<150% OF		<175% OF		<200% OF		>200% OF
SIZE	POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL
	1-100%		101 to 125%		126 to 150%		151 to 175%		176 to 200%		Over 200%
1	0 -	14,580	14,580.01	18,225.00	18,225.01	21,870.00	21,870.01	25,515.00	25,515.01	29,160.00	29,160.01
2	0 -	19,720	19,720.01	24,650.00	24,650.01	29,580.00	29,580.01	34,510.00	34,510.01	39,440.00	39,440.01 and over
3	0 -	24,860	24,860.01	31,075.00	31,075.01	37,290.00	37,290.01	43,505.00	43,505.01	49,720.00	49,720.01 and over
4	0 -	30,000	30,000.01	37,500.00	37,500.01	45,000.00	45,000.01	52,500.00	52,500.01	60,000.00	60,000.01 and over
5	0 -	35,140	35,140.01	43,925.00	43,925.01	52,710.00	52,710.01	61,495.00	61,495.01	70,280.00	70,280.01 and over
6	0 -	40,280	40,280.01	50,350.00	50,350.01	60,420.00	60,420.01	70,490.00	70,490.01	80,560.00	80,560.01 and over
7	0 -	45,420	45,420.01	56,775.00	56,775.01	68,130.00	68,130.01	79,485.00	79,485.01	90,840.00	90,840.01 and over
8	0 -	50,560	50,560.01	63,200.00	63,200.01	75,840.00	75,840.01	88,480.00	88,480.01	101,120.00	101,120.01 and over
For family sizes greater than 8, add to the upper limit, for each additional family member:											
9+	5,140.00		5,140.01 to 6,425.00		6,425.01 to 7,710.00		7,710.01 to 8,995.00		8,995.01 to 10,280.00		10,280.01 and over
Patient is responsible to pay for services in accordance with the attached Appendix A											

NIVEL DE DESCUENTO BASADO EN LOS INGRESOS Y EL TAMAÑO DE LA FAMILIA

APÉNDICE A

	Nivel A		Nivel B1		Nivel B2		Nivel B3		Nivel B4		Nivel C
FAMILIA	<100% DE		<125% DE		<150% DE		<175% DE		<200% DE		>200% DE
TAMAÑO	NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA		NIVEL DE POBREZA
	1-100%		101 TO 125%		126 TO 150%		151 TO 175%		176 TO 200%		>200% y más
1	0 -	14,580	14,580.01	18,225.00	18,225.01	21,870.00	21,870.01	25,515.00	25,515.01	29,160.00	29,160.01
2	0 -	19,720	19,720.01	24,650.00	24,650.01	29,580.00	29,580.01	34,510.00	34,510.01	39,440.00	39,440.01 y más
3	0 -	24,860	24,860.01	31,075.00	31,075.01	37,290.00	37,290.01	43,505.00	43,505.01	49,720.00	49,720.01 y más
4	0 -	30,000	30,000.01	37,500.00	37,500.01	45,000.00	45,000.01	52,500.00	52,500.01	60,000.00	60,000.01 y más
5	0 -	35,140	35,140.01	43,925.00	43,925.01	52,710.00	52,710.01	61,495.00	61,495.01	70,280.00	70,280.01 y más
6	0 -	40,280	40,280.01	50,350.00	50,350.01	60,420.00	60,420.01	70,490.00	70,490.01	80,560.00	80,560.01 y más
7	0 -	45,420	45,420.01	56,775.00	56,775.01	68,130.00	68,130.01	79,485.00	79,485.01	90,840.00	90,840.01 y más
8	0 -	50,560	50,560.01	63,200.00	63,200.01	75,840.00	75,840.01	88,480.00	88,480.01	101,120.00	101,120.01 y más

Para tamaños de familia mayores de 8, agregue al límite superior, para cada miembro adicional de la familia:

9+	5,140.00	5,140.01 to 6,425.00	6,425.01 to 7,710.00	7,710.01 to 8,995.00	8,995.01 to 10,280.00	10,280.01 y más
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El paciente es responsable de pagar los servicios de acuerdo con el Apéndice A