

RURAL HEALTH, INC. 2024 Sliding Fee Scale								EFFECTIVE January 12, 2024			
DISCOUNT LEVEL BASED ON FAMILY INCOME & SIZE											APPENDIX A
	Level A		Level B1		Level B2		Level B3		Level B4		Level C
FAMILY SIZE	<100% OF POVERTY LEVEL		<125% OF POVERTY LEVEL		<150% OF POVERTY LEVEL		<175% OF POVERTY LEVEL		<200% OF POVERTY LEVEL		>200% OF POVERTY LEVEL
	1-100%		101 to 125%		126 to 150%		151 to 175%		176 to 200%		Over 200%
1	0 -	15,060	15,060.01	18,825.00	18,825.01	22,590.00	22,590.01	26,355.00	26,355.01	30,120.00	30,120.01
2	0 -	20,440	20,440.01	25,550.00	25,550.01	30,660.00	30,660.01	35,770.00	35,770.01	40,880.00	40,880.01 and over
3	0 -	25,820	25,820.01	32,275.00	32,275.01	38,730.00	38,730.01	45,185.00	45,185.01	51,640.00	5,1640.01 and over
4	0 -	31,200	31,200.01	39,000.00	39,000.01	46,800.00	46,800.01	54,600.00	54,600.01	62,400.00	62,400.01 and over
5	0 -	36,580	36,580.01	45,725.00	45,725.01	54,870.00	54,870.01	64,015.00	64,015.01	73,160.00	73,160.01 and over
6	0 -	41,960	41,960.01	52,450.00	52,450.01	62,940.00	62,940.01	73,430.00	73,430.01	83,920.00	83,920.01 and over
7	0 -	47,340	47,340.01	59,175.00	59,175.01	71,010.00	71,010.01	82,845.00	82,845.01	94,680.00	94,680.01 and over
8	0 -	52,720	52,720.01	65,900.00	65,900.01	79,080.00	79,080.01	92,260.00	92,260.01	105,440.00	105,440.01 and over
For family sizes greater than 8, add to the upper limit, for each additional family member:											
9+	5,380.00		5,801.01 to 6,725.00		6,725.01 to 8,070.00		8,070.01 to 9,415.00		9,415.01 to 10,760.00		10,760.01 and over
Patient is responsible to pay for services in accordance with the attached Appendix A											

2024 Federal Poverty Guidelines

RURAL HEALTH, INC. Escala de tarifas 2024								Al 12 de enero de 2024			
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 TAMAÑO	<100% DE NIVEL DE POBREZA		<125% DE NIVEL DE POBREZA		<150% DE NIVEL DE POBREZA		<175% DE NIVEL DE POBREZA		<200% DE NIVEL DE POBREZA		>200% DE NIVEL DE POBREZA
	1-100%		101 TO 125%		126 TO 150%		151 TO 175%		176 TO 200%		>200% y más
1	0 -	15,060	15,060.01	18,825.00	18,825.01	22,590.00	22,590.01	26,355.00	26,355.01	30,120.00	30,120.01
2	0 -	20,440	20,440.01	25,550.00	25,550.01	30,660.00	30,660.01	35,770.00	35,770.01	40,880.00	40,880.01 y más
3	0 -	25,820	25,820.01	32,275.00	32,275.01	38,730.00	38,730.01	45,185.00	45,185.01	51,640.00	51,640.01 y más
4	0 -	31,200	31,200.01	39,000.00	39,000.01	46,800.00	46,800.01	54,600.00	54,600.01	62,400.00	62,400.01 y más
5	0 -	36,580	36,580.01	45,725.00	45,725.01	54,870.00	54,870.01	64,015.00	64,015.01	73,160.00	73,160.01 y más
6	0 -	41,960	41,960.01	52,450.00	52,450.01	62,940.00	62,940.01	73,430.00	73,430.01	83,920.00	83,920.01 y más
7	0 -	47,340	47,340.01	59,175.00	59,175.01	71,010.00	71,010.01	82,845.00	82,845.01	94,680.00	94,680.01 y más
8	0 -	52,720	52,720.01	65,900.00	65,900.01	79,080.00	79,080.01	92,260.00	92,260.01	105,440.00	105,440.01 y más
Para tamaños de familia mayores de 8, agregue al límite superior, para cada miembro adicional de la familia:											
9+	5,380.00		5,380.01 to 6,725.00		6,725.01 to 8,070.00		8,070.01 to 9,415.00		9,415.01 to 10,760.00		10,760.01 y más
El paciente es responsable de pagar los servicios de acuerdo con el Apéndice A											

2024 Directrices federales sobre la pobreza