

**Excellent Healthcare and PRP Services
Sliding Fee and Payment Scale
Based on 2024 HHS Federal Poverty Level Guidelines**

FAMILY SIZE	Sliding Scale 100%		Sliding Scale 100%		Sliding Scale 90%		Sliding Scale 80%	
	Poverty Level 100%		Poverty Level 125%		Poverty Level 130%		Poverty Level 133%	
	New Patient FEE		New Patient FEE		New Patient FEE		New Patient FEE	
	Follow up FEE		Follow up FEE		Follow up FEE		Follow up FEE	
	From	To	From	To	From	To	From	To
1	0	\$15060	\$15060	\$18,825	\$18,825	\$19,578.00	\$19,578.00	\$20,029.80
2	0	\$20440	\$20440	\$25,550	\$25,550	\$26,572.00	\$26,572.00	\$27,185.20
3	0	\$25,820	\$25,820	\$32,275	\$32,275	\$33,566.00	\$33,566.00	\$34,340.60
4	0	\$31,200	\$31,200	\$39,000	\$39,000	\$40,560.00	\$40,560.00	\$41,496.00
5	0	\$36,580	\$36,580	\$45,725	\$45,725	\$47,554.00	\$47,554.00	\$48,651.40
6	0	\$41,960	\$41,960	\$52,450	\$52,450	\$54,548.00	\$54,548.00	\$55,806.80
7	0	\$47,340	\$47,340	\$59,175	\$59,175	\$61,542.00	\$61,542.00	\$62,962.207
8	0	\$52,720	\$52,720	\$65,900	\$65,900	\$68,536.00	\$68,536.00	\$70,117.60

FAMILY SIZE	Sliding Scale 70%		Sliding Scale 60%		Sliding Scale 50%		Sliding Scale 40%	
	Poverty Level 135%		Poverty Level 138% -150%		Poverty Level 175%		Poverty Level 185%	
	New Patient FEE		New Patient FEE		New Patient FEE		New Patient FEE	
	Follow up FEE		Follow up FEE		Follow up FEE		Follow up FEE	
	From	To	From	To	From	To	From	To
1	\$20,029.80	\$20,331.00	\$20,331.00	\$22,590.00	\$22,590.00	\$26,355.00	\$26,355.00	\$27,861.00
2	\$27,185.20	\$27,594.00	\$27,594.00	\$30,660.00	\$30,660.00	\$35,770.00	\$35,770.00	\$37,814.00
3	\$34,340.60	\$34,857.00	\$34,857.00	\$38,730.00	\$38,730.00	\$45,185.00	\$45,185.00	\$47,767.00
4	\$41,496.00	\$42,120.00	\$42,120.00	\$46,800.00	\$46,800.00	\$54,600.00	\$54,600.00	\$57,720.00
5	\$48,651.40	\$49,383.00	\$49,383.00	\$54,870.00	\$54,870.00	\$64,015.00	\$64,015.00	\$67,673.00
6	\$55,806.80	\$56,646.00	\$56,646.00	\$62,940.00	\$62,940.00	\$73,430.00	\$73,430.00	\$77,626.00
7	\$62,962.207	\$63,909.00	\$63,909.00	\$71,010.00	\$71,010.00	\$82,845.00	\$82,845.00	\$87,579.00
8	\$70,117.60	\$71,172.00	\$71,172.00	\$79,080.00	\$79,080.00	\$92,260.00	\$92,260.00	\$97,532.00

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FAMILY SIZE	Sliding Scale 30%		Sliding Scale 20%		Sliding Scale 10%		SELF PAY	
	Poverty Level 200%		Poverty Level 250%		Poverty Level 300%		Greater Than 400%	
	New Patient FEE		New Patient FEE		New Patient FEE		New Patient FEE	
	Follow up FEE		Follow up FEE		Follow up FEE		Follow up FEE	
	From	To	From	To	From	To	From	To
1	\$27,861.00	\$30,120.00	\$30,120.00	\$37,650.00	\$37,650.00	\$45,180.00	\$45,180.00	\$60,240.00
2	\$37,814.00	\$40,880.00	\$40,880.00	\$51,100.00	\$51,100.00	\$61,320.00	\$61,320.00	\$81,760.00
3	\$47,767.00	\$51,640.00	\$51,640.00	\$64,550.00	\$64,550.00	\$77,460.00	\$77,460.00	\$103,280.00
4	\$57,720.00	\$62,400.00	\$62,400.00	\$78,000.00	\$78,000.00	\$93,600.00	\$93,600.00	\$124,800.00
5	\$67,673.00	\$73,160.00	\$73,160.00	\$91,450.00	\$91,450.00	\$109,740.00	\$109,740.00	\$146,320.00
6	\$77,626.00	\$83,920.00	\$83,920.00	\$104,900.00	\$104,900.00	\$125,880.00	\$125,880.00	\$167,840.00
7	\$87,579.00	\$94,680.00	\$94,680.00	\$118,350.00	\$118,350.00	\$142,020.00	\$142,020.00	\$189,360.00
8	\$97,532.00	\$105,440.00	\$105,440.00	\$131,800.00	\$131,800.00	\$158,160.00	\$158,160.00	\$210,880.00