

	A	B	C	D	E	F	G	
1	<b>NAVARRO COUNTY AMBULATORY CARE ASSOCIATION</b>							
2	Nominal Fees and Sliding Fee Scale Program (SFSP) Co-Pay Table Service 2024							
3								
4	Discount	A	B	C	D	E	F	
5		Below 100% FPL	101%-125% FPL	126%-150% FPL	151%-175% FPL	176%-200%	201% -OVER	
6	Number of Household							
7	1	\$0 - \$15,060.00	\$15060.01-\$18,825.00	\$18,825.01-\$22,590.00	\$22,590.01-\$26,355.00	\$26,355.01-\$30,120.00	\$30,120.01- +	
8	2	\$0 - \$20,440.00	\$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 - +	
9	3	\$0 - \$25,820.00	\$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 - +	
10	4	\$0 - \$31,200.00	\$31,200.01 - \$39,000.00	\$39,000.01 - \$46,800.00	\$48,800.01 - \$54,600.00	\$54,600.01 - \$62,400.00	\$62,400.01 - +	
11	5	\$0 - \$36,580.00	\$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 - +	
12	6	\$0 - \$41,960.00	\$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 - +	
13	7	\$0 - \$47,340.00	\$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 - +	
14	8	\$0 - \$52,720.00	\$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 - +	
15	9	\$0 - \$58,100.00	\$58,100.01 - \$72,625.00	\$72,625.01 - \$87,150.00	\$87,150.01 - \$101,675.00	\$101,675.01 - \$116,200.00	\$116,200.01 - +	
16	10	\$0 - \$63,480.00	\$63,480.01 - \$79,350.00	\$79,350.01 - \$95,220.00	\$95,220.01 - \$111,090.00	\$111,090.01 - \$126,960.00	\$126,960.01 - +	
17	*****Additional, refer to 2024 Poverty Guidelines: 48 Contiguous States							
18								
19	Copay	A	B	C	D	E	F	
20	Nominal Fee/Copay Medical Visit	\$5	\$10	\$15	\$20	\$25	Full Pay-No Slide	
21	Nominal Fee/Copay Dental Preventive Services	\$5	\$10	\$15	\$20	\$25	Full Pay-No Slide	
22								
23								
24								
25								
26	Board Approved	<i>Melvin Oshtls</i>						
27	Date:	<i>02/06/2024</i>						
28								
29	May-23							
30	Revised 08/2023							
31	Revised 01/12/2024							
32	Revised 1/31/24							

Bienvenidos a la Clinica de Dr. Kent E. Rogers

Para aquellos con ingresos limitados, los servicios de la Clinica de Dr. Kent E. Rogers se facturan en una escala de tarifas móviles basada en los ingresos anuales del hogar y el tamaño de la familia. Para inscribirse en el descuento, complete nuestra solicitud y tráigala junto con un comprobante de los ingresos anuales de su hogar. Esto significa prueba de los ingresos de todos los asalariados que viven con usted. Esto podría incluir una copia de su formulario de declaración de impuestos 1040 más reciente y/o el de un miembro de su familia, copias de 2 talones de cheques de pago recientes o una carta reciente de una agencia que le brinde apoyo financiero, como DSHS, SSI o Desempleo. El porcentaje de los cargos totales que paga se basa en los ingresos anuales de su hogar y el tamaño de su familia.

4	Discount	A	B	C	D	E	F
5		Below 100% FPL	101%-125% FPL	126%-150% FPL	151%-175% FPL	176%-200%	201% -OVER
6	Number of Household						
7	1	\$0 - \$15,060.00	\$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- +
8	2	\$0 - \$20,440.00	\$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 - +
9	3	\$0 - \$25,820.00	\$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 - +
10	4	\$0 - \$31,200.00	\$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 - +
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12	6	\$0 - \$41,960.00	\$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 - +
13	7	\$0 - \$47,340.00	\$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 - +
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15	9	\$0 - \$58,100.00	\$58,100.01 - \$72,625.00	\$72,625.01 - \$87,150.00	\$87,150.01 - \$101,675.00	\$101,675.01 - \$116,200.00	\$116,200.01 - +
16	10	\$0 - \$63,480.00	\$63,480.01 - \$79,350.00	\$79,350.01 - \$95,220.00	\$95,220.01 - \$111,090.00	\$111,090.01 - \$126,960.00	\$126,960.01 - +
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21	Nominal Fee/Copay Dental Preventive Services	\$5	\$10	\$15	\$20	\$25	Full Pay-No Slide
22							
23							
24							
25							
26	Board Approved	<i>Melvin Quintana</i>					
27	Date:	<i>02/06/2024</i>					
28							
29	May-23						
30	Revised 08/2023						
31	Revised 01/12/2024						
32	Revised 1/31/24						