



FQHC SLIDING FEE DISCOUNT PROGRAM RATE SCHEDULE

Family Size	Sliding Fee Program #1 0% - 100% FPL	Sliding Fee Program #2 100.01% - 138% FPL	Sliding Fee Program #3 138.01% - 150% FPL	Sliding Fee Program #4 150.01% - 200% FPL	Full Charge Program #5 Above 200%
1	\$14,580	\$20,120	\$21,870	\$29,160	\$29,160+
2	\$19,720	\$27,214	\$29,580	\$39,440	\$39,440+
3	\$24,860	\$34,307	\$37,290	\$49,720	\$49,720+
4	\$30,000	\$41,400	\$45,000	\$60,000	\$60,000+
5	\$35,140	\$48,493	\$52,710	\$70,280	\$70,280+
6	\$40,280	\$55,586	\$60,420	\$80,560	\$80,560+
7	\$45,420	\$62,680	\$68,130	\$90,840	\$90,840+
8	\$50,560	\$69,773	\$75,840	\$101,120	\$101,120+
For each additional person add \$5,140					
Fees	Nominal Fees	Discounted Fees	Discounted Fees	Discounted Fees	Full Charge**
Schedule A *	\$10.00	\$15.00	\$20.00	\$25.00	Full Charge**
Schedule B *	\$15.00	\$20.00	\$25.00	\$30.00	Full Charge**
Schedule C *	\$6.00	\$8.00	\$9.00	\$10.00	Full Charge**
Schedule D *	\$10.00	\$20.00	\$30.00	\$40.00	Full Charge**
Schedule E *	\$20.00	\$40.00	\$50.00	\$80.00	Full Charge**
Schedule F *	\$20.00	\$40.00	\$60.00	\$80.00	Full Charge**
Schedule G *	\$0.00	\$0.00	\$0.00	\$0.00	Full Charge**

Based on 2023 Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

*See Schedule of Services

**Patient may qualify for the VCMS Self-Pay Discount Program