

DFD RUSSELL MEDICAL CENTER SLIDING FEE DISCOUNT SCALE

IF YOUR FAMILY SIZE IS	<u>CATEGORY A</u> YOU PAY \$8 IF YOUR INCOME IS	<u>CATEGORY B</u> YOU PAY 25% OF CHARGES IF YOUR INCOME IS	<u>CATEGORY C</u> YOU PAY 50% OF CHARGES IF YOUR INCOME IS	<u>CATEGORY D</u> YOU PAY 75% OF CHARGES IF YOUR INCOME IS
	100%	101%-124%	125%-149%	150%-199%
1	\$10,400 or LESS	\$10,401 - 12,999	\$13,000 - 15,599	\$15,600 - 20,799
2	\$14,000 OR LESS	\$14,001 - 17,499	\$17,500 - 20,999	\$21,000 - 27,999
3	\$17,600 OR LESS	\$17,601 - 21,999	\$22,000 - 26,399	\$26,400 - 35,199
4	\$21,200 OR LESS	\$21,201 - 26,499	\$26,500 - 31,799	\$31,800 - 42,399
5	\$24,800 OR LESS	\$24,801 - 30,999	\$31,000 - 37,199	\$37,200 - 49,599
6	\$28,400 OR LESS	\$28,401 - 35,499	\$35,500 - 42,599	\$42,600 - 56,799
7	\$32,000 OR LESS	\$32,001 - 39,999	\$40,000 - 47,999	\$48,000 - 63,999
8	\$35,600 OR LESS	\$35,601 - 44,499	\$44,500 - 53,399	\$53,400 - 71,199

**OVER 8
FAMILY
MEMBERS?**

**ADD \$3,600 FOR EACH
MEMBER**

**ADD \$4,500 FOR EACH
MEMBER**

**ADD \$5,400 FOR EACH
MEMBER**

**ADD \$7,200 FOR EACH
MEMBER**

*** Category A - B discount levels require a copy of current Maine Care benefits status letter.**

BASED ON 2008 DHHS POVERTY GUIDELINES PUBLISHED SOURCE: Federal Register, Vol. 72, No. 15, January 23, 2008, pp. 3971-3972

APPROVED BY THE DFD RUSSELL MEDICAL CENTER BOARD OF DIRECTORS February, 2008