

DFD RUSSELL MEDICAL CENTER
SLIDING FEE DISCOUNT SCALE

	Category A	Category B	Category C	Category D
IF YOUR FAMILY SIZE IS	YOU PAY \$15 IF YOUR INCOME IS	YOU PAY \$25 IF YOUR INCOME IS	YOU PAY \$35 IF YOUR INCOME IS	YOU PAY \$45 IF YOUR INCOME IS
	<=100%	>100%-124.99%	>=125%-149.99%	>=150%-200%
1	\$ 14,580 or Less	\$ 14,581 - \$ 18,224	\$ 18,225 - \$ 21,869	\$ 21,870 - \$ 29,160
2	\$ 19,720 or Less	\$ 19,721 - \$ 24,649	\$ 24,650 - \$ 29,579	\$ 29,580 - \$ 39,440
3	\$ 24,860 or Less	\$ 24,861 - \$ 31,074	\$ 31,075 - \$ 37,289	\$ 37,290 - \$ 49,720
4	\$ 30,000 or Less	\$ 30,001 - \$ 37,499	\$ 37,500 - \$ 44,999	\$ 45,000 - \$ 60,000
5	\$ 35,140 or Less	\$ 35,141 - \$ 43,924	\$ 43,925 - \$ 52,709	\$ 52,710 - \$ 70,280
6	\$ 40,280 or Less	\$ 40,281 - \$ 50,349	\$ 50,350 - \$ 60,419	\$ 60,420 - \$ 80,560
7	\$ 45,420 or Less	\$ 45,421 - \$ 56,774	\$ 56,775 - \$ 68,129	\$ 68,130 - \$ 90,840
8	\$ 50,560 or Less	\$ 50,561 - \$ 63,199	\$ 63,200 - \$ 75,839	\$ 75,840 - \$ 101,120
OVER 8 FAMILY MEMBERS	ADD \$5,140 FOR EACH MEMBER			
*Category A-B discount levels should be referred to Patient Assistance for assistance in applying for health coverage and other available benefits.				
The above figures are the 2022 HHS Poverty guidelines published in the Federal register: January 19, 2023				
APPROVED BY THE DFD RUSSELL MEDICAL CENTER BOARD OF DIRECTORS: February 23, 2023				