DFD RUSSELL MEDICAL CENTER

SLIDING FEE DISCOUNT SCALE

	Catergory 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	$ 15,649 or Less	$ 15,650 - $ 19,561	$ 19,562 - $ 23,474	$ 23,475 - $ 31,300
2	$ 21,149 or Less	$ 21,150 - $ 26,436	$ 26,437 - $ 31,724	$ 31,725 - $ 42,300
3	$ 26,649 or Less	$ 26,650 - $ 33,311	$ 33,312 - $ 39,974	$ 39,975 - $ 53,300
4	$ 32,149 or Less	$ 32,150 - $ 40,186	$ 40,187 - $ 48,224	$ 48,225 - $ 64,300
5	$ 37,649 or Less	$ 37,650 - $ 47,061	$ 47,062 - $ 56,474	$ 56,475 - $ 75,300
6	$ 43,149 or Less	$ 43,150 - $ 53,936	$ 53,937 - $ 64,724	$ 64,725 - $ 86,300
7	$ 48,649 or Less	$ 48,650 - $ 60,811	$ 60,812 - $ 72,974	$ 72,975 - $ 97,300
8	$ 54,149 or Less	$ 54,150 - $ 67,686	$ 67,687 - $ 81,224	$ 81,225 - $ 108,300
OVER 8 FAMILY MEMBERS				
ADD $5,500 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 2025 HHS Poverty guidelines published in the Federal register: January 17, 2025				
APPROVED BY THE DFD RUSSELL MEDICAL CENTER BOARD OF DIRECTORS: March 4, 2025				