

Inspiration Health Services

Our sliding fee scale is available to all patients who qualify based on their income levels even if they have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount. Please inquire at check-in

<u>2023 Sliding Flat Fee Scale – Medical</u>

	FEDERAL POVERTY GUIDELINES				
FAMILY SIZE	100% and Below A \$25 FEE	101% - 133% B \$ 40	134% - 150% C \$55	151% - 200% D \$70	Over 200% NO DISCOUNT
1	\$0 - \$14,580	\$14,581-\$19,391	\$19,392 – \$21,870	\$21,871 - \$29,160	\$29,161 -
2	\$0 - \$19,720	\$19,721 - \$26,228	\$26,229 - \$29,580	\$29,581 - \$39,440	\$39,441 -
3	\$0 - \$24,860	\$24,861 - \$33,064	\$33,065 - \$37,290	\$37,291 - \$49,720	\$49,721 -
4	\$0 - \$30,000	\$30,001 - \$39,900	\$39,901 - \$45,000	\$45,001 - \$60,000	\$60,001 -
5	\$0 - \$35,140	\$34,141 - \$46,736	\$46,737 - \$52,710	\$52,711 - \$70,280	\$70,281 -
6	\$0 - \$40,280	\$40,281 - \$53,572	\$53,573 - \$60,420	\$60,421 - \$80,560	\$80,561 -
7	\$0 - \$45,420	\$45,421 - \$60,409	\$60,410 - \$68,130	\$68,131 - \$90,840	\$90,841 -
8	\$0 - \$50,560	\$50,561 - \$67,245	\$67,246 - \$75,840	\$75,541 - \$101,120	\$101,121 -

FOR FAMILY UNITS WITH MORE THAN 8 PEOPLE, ADD \$5,140 FOR EACH ADDITIONAL MEMBER