



Family Health Services of Erie County
2019 Sliding Fee Scale

	FHS 100	Level I	Level II	Level III	Level IV	Level V	Level VI	No Discount
	0 - 50% of Poverty Level	51 - 100% of Poverty Level	101 - 120% of Poverty Level	121 - 140% of Poverty Level	141 -160% of Poverty Level	161 -180% of Poverty Level	181 - 200% of Poverty Level	Over 200% FPL / No Income information Provided
# of Family Members	if incomes is at or below:	if income is between:	if income is between:	if income is between:	if income is between:	if income is between:	if income is between:	if income is at or above:
1	\$0 - \$6420	\$6,421 - \$12,490	\$12,491 - \$14,988	\$14,989 - \$17,486	\$17,487 - \$19,984	\$19,985 - \$22,482	\$22,483 - \$24,980	\$24,981
2	\$0 - \$8455	\$8,456 - \$16,910	\$16,911 - \$20,292	\$20,293 - \$23,674	\$23,675 - \$27,056	\$27,057 - \$30,438	\$30,439 - \$33,820	\$33,821
3	\$0 - \$10665	\$10,666 - \$21,330	\$21,331 - \$25,596	\$25,597 - \$29,862	\$29,863 - \$34,128	\$34,129 - \$38,394	\$38,395 - \$42,660	\$42,661
4	\$0 - \$12875	\$12,876 - \$25,750	\$25,751 - \$30,900	\$30,901 - \$36,050	\$36,051 - \$41,200	\$41,201 - \$46,350	\$46,351 - \$51,500	\$51,551
5	\$0 - \$15085	\$15,086 - \$30,170	\$30,171 - \$36,204	\$36,205 - \$42,238	\$42,239 - \$48,272	\$48,273 - \$54,306	\$54,307 - \$60,340	\$60,341
6	\$0 - \$17295	\$17,296 - \$34,590	\$34,591 - \$41,508	\$41,509 - \$48,426	\$48,427 - \$55,344	\$55,345 - \$62,262	\$62,263 - \$69,180	\$69,181
7	\$0 - \$19505	\$19,506 - \$39,010	\$39,011 - \$46,812	\$46,813 - \$54,614	\$54,615 - \$62,416	\$62,417 - \$70,218	\$70,219 - \$78,020	\$78,021
8	\$0 - \$27175	\$27,176 - \$43,430	\$43,431 - \$52,116	\$52,117 - \$60,802	\$60,803 - \$69,488	\$69,489 - \$78,174	\$78,175 - \$86,860	\$86,861
Add for Each Additional Person	\$2,210	\$4,420	\$5,304	\$6,188	\$7,072	\$7,956	\$7,956	\$7,956
Patient Payment	Optional Contribution	\$20	\$40	\$60	\$80	\$100	\$120	\$125 at time of service / Pt will be billed for remainder balance

Discount Schedule based on 2019 Federal Poverty Guidelines, found at ASPE.hhs.gov

Contributions to Family Health Services are optional.

In all cases, the **NO DISCOUNT Level is a deposit. Patient will be balance billed for full charges

Labs or referred specialist care visits will be billed separately

Nurse Visits	Optional Contribution	60% discount	50% discount	40% discount	30% discount	20% discount	10% discount	No Discount
Insured Patients	Optional Contribution	60% discount	50% discount	40% discount	30% discount	20% discount	10% discount	No Discount
Balance after co-pays/ deductibles	Optional Contribution	60% discount	50% discount	40% discount	30% discount	20% discount	10% discount	No Discount