

MMH 509 North Maple, Muenster Tx. 76252

Family Health Clinic

Sliding fee scale for 2024

Family size	Income measure	Category 0	Category 1	Category 2	Category 3
% of Federal Poverty Income Level		Up to 100%	100.01-149.99%	150-174.99%	157-199.99%
		Patient Fee: \$0	Patient Fee: \$10	Patient Fee: \$20	Patient Fee: \$30
1	Annually	\$0-\$14,580	\$14,581-\$21,869	\$21,870-\$25,514	\$25,515-\$29,160
2	Annually	\$0-\$19,720	\$19,721-\$29,579	\$25,580-\$34,509	\$34,510-\$39,440
3	Annually	\$0-\$24,860	\$24,861-\$37,289	\$37,290-\$43,504	\$43,505-\$49,720
4	Annually	\$0-\$30,000	\$30,001-\$44,999	\$45,00-\$52,499	\$52,500-\$60,000
5	Annually	\$0-\$35,140	\$35,141-\$52,709	\$52,710-\$61,494	\$61,495-\$70,280
6	Annually	\$0-\$40,280	\$40,281-\$60,419	\$60,420-\$70,489	\$70,490-\$80,560
7	Annually	\$0-\$45,420	\$45,421-\$68,129	\$68,130-\$79,484	\$79,485-\$90,840
8	Annually	\$0-\$50,560	\$50,561-\$75,839	\$75,840-\$88,479	\$88,480-\$101,120
Each additional family member Annually		+\$5,140	\$5,140	\$7,710	\$8,995

- Must have 2 recent check stubs or W2
- Must renew every 6 months
- If pt walks-in sick and states they cannot pay, they must pay at least \$30.00 for the day. Then give them the application to complete and return with the required information.
- Make comments in the patient chart with renewal date and any other information needed