

**OSBORN FAMILY HEALTH CENTER, INC.
SLIDING FEE DISCOUNT SCHEDULE - MEDICAL & PHARMACY
BASED ON THE 2018 FEDERAL POVERTY LEVEL
ALL FQHC AND NJ LOA ELIGIBLE PATIENTS**

Effective 02/05/2018

						FEDERAL	STATE	SELF - PAY
CATEGORY	SLIDE >	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F	SLIDE G
		100%	125%	150%	175%	200%	250%	251%
	FPL >	0%- 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 250%	Over 251%
	DISCOUNT > MEDICAL	\$10.00 Fixed Payment	\$20.00 Fixed Payment	\$30.00 Fixed Payment	\$40.00 Fixed Payment	\$45.00 Fixed Payment	\$50.00 Fixed Payment	\$150.00 PER DAILY VISIT
FAMILY SIZE								
1	Annual (up to)	\$ 12,140	\$ 15,175	\$ 18,210	\$ 21,245	\$ 24,280	\$ 30,350	\$ 30,351
2	Annual (up to)	\$ 16,460	\$ 20,575	\$ 24,690	\$ 28,805	\$ 32,920	\$ 41,150	\$ 41,151
3	Annual (up to)	\$ 20,780	\$ 25,975	\$ 31,170	\$ 36,365	\$ 41,560	\$ 41,560	\$ 41,560
4	Annual (up to)	\$ 25,100	\$ 31,375	\$ 37,650	\$ 43,925	\$ 50,200	\$ 62,750	\$ 62,751
5	Annual (up to)	\$ 29,420	\$ 36,775	\$ 44,130	\$ 51,485	\$ 58,840	\$ 73,550	\$ 73,551
6	Annual (up to)	\$ 33,740	\$ 42,175	\$ 50,610	\$ 59,045	\$ 67,480	\$ 84,350	\$ 84,351
7	Annual (up to)	\$ 38,060	\$ 47,575	\$ 57,090	\$ 66,605	\$ 76,120	\$ 95,151	\$ 95,151
8	Annual (up to)	\$ 42,380	\$ 52,975	\$ 63,570	\$ 74,165	\$ 84,760	\$ 105,950	\$ 105,951

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,320 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL.

Example: Family of 9 FPL=\$42,380 plus \$4,320.00 = \$46,700.00