

**OSBORN FAMILY HEALTH CENTER, INC.
SLIDING FEE DISCOUNT SCHEDULE - MEDICAL & PHARMACY
BASED ON THE 2019 FEDERAL POVERTY LEVEL
ALL FQHC AND NJ LOA ELIGIBLE PATIENTS**

Effective: 02/25/2019

							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%
FAMILY SIZE	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
1	Annual (up to)	\$ 12,490	\$ 15,613	\$ 18,735	\$ 21,858	\$ 24,980	\$ 31,225	\$ 31,350
2	Annual (up to)	\$ 16,910	\$ 21,138	\$ 25,365	\$ 29,593	\$ 33,820	\$ 42,275	\$ 42,444
3	Annual (up to)	\$ 21,330	\$ 26,663	\$ 31,995	\$ 37,328	\$ 42,660	\$ 53,325	\$ 53,538
4	Annual (up to)	\$ 25,750	\$ 32,188	\$ 38,625	\$ 45,063	\$ 51,500	\$ 64,375	\$ 64,633
5	Annual (up to)	\$ 30,170	\$ 37,713	\$ 45,255	\$ 52,798	\$ 60,340	\$ 75,425	\$ 75,727
6	Annual (up to)	\$ 34,590	\$ 43,238	\$ 51,885	\$ 60,533	\$ 69,180	\$ 86,475	\$ 86,821
7	Annual (up to)	\$ 39,010	\$ 48,763	\$ 58,515	\$ 68,268	\$ 78,020	\$ 97,525	\$ 97,915
8	Annual (up to)	\$ 43,430	\$ 54,288	\$ 65,145	\$ 76,003	\$ 86,860	\$ 108,575	\$ 109,009

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$4,420 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL.

Example: Family of 9 FPL=\$43,430 plus \$4,420 = \$47,850.00