



2015 Mirena Sliding Fee Scale – Schedule of Discounts

FAMILY SIZE	SFS Categories: B, C, D, E	Minimum	SELF PAY (10% DISCOUNT if paid on date of service)
1	0 to 23540	\$341.00	23541
2	0 to 31860	\$341.00	31861
3	0 to 40180	\$341.00	40181
4	0 to 48500	\$341.00	48501
5	0 to 56820	\$341.00	56821
6	0 to 65140	\$341.00	65141
7	0 to 73460	\$341.00	73461
8	0 to 81780	\$341.00	81780
9	0 to 90100	\$341.00	90101
10	0 to 98420	\$341.00	98421

Effective 04/01/2015 - Based Upon the Federal Register /Vol. 80, No. 14 /Thursday, January 22, 2015

- 1. There will be no denial of medical care due to an inability to pay.**
- 2. For family units with more than 10 members, add \$4160 for each additional member.**
- 3. Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.**

To qualify for the Sliding Fee Discount Program, a sliding fee application must be completed; proof of income and photo ID are required.