

## 2021 Medical OB Sliding Fee Scale- Schedule of Discounts

Family	Annual Household Income							
Size	100% FPG 101% to 133% FPG		134% to 166% FPG	167% to 200% FPG	Above 200% FPG			
1	\$0 to 12,880	\$12,881 to 17,130	\$17,131 to 21,381	\$21,382 to 25,760	\$25,761			
2	0 to 17,420 17,241 to 23,169		23,170 to 28,917	28,918 to 34,840	34,841			
3	0 to 21,960	21,961 to 29,207	29,208 to 36,454	36,455 to 43,920	43,921			
4	0 to 26,500	26,501 to 35,245	35,246 to 43,990	43,991 to 53,000	53,001			
5	0 to 31,040	31,041 to 41,283	41,284 to 51,526	51,527 to 62,080	62,081			
6	0 to 35,580	35,581 to 47,321	47,322 to 59,063	59,064 to 71,160	71,161			
7	0 to 40,120	40,121 to 53,360	53,361 to 66,599	66,600 to 80,240	80,241			
8	0 to 44,660	44,661 to 59,398	59,399 to 74,136	74,137 to 89,320	89,321			
9	0 to 49,200	49,201 to 65,436	65,437 to 81,672	81,673 to 98,400	98,401			
10	0 to 53,740	53,741 to 71,474	71,475 to 89,208	89,209 to 107,480	107,481			
Payment	A \$10 (Nominal Fee)	В \$30	C \$40	D \$50	E 100% Pay No Discount			

Effective 04-01-2021 – Based Upon the Federal Register Vol.86, No. 19 Monday, February 1, 2021

- 1. All patients, regardless of income, are subject to the nominal fee.
- 2. Denial of services is not based solely on inability to pay.
- 3. Family units with more than 10 members, add \$4,540 for each additional member.
- 4. Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.

To qualify for the Sliding Fee Program, a Sliding Fee Application must be completed with proof of income and a photo ID.



## 2021 Medical OB Sliding Fee Scale- Schedule of Discounts

Sliding Fee Program	OB Care only (7 or more visits)	Patient Portion	Delivery Care only	Patient Portion	OB and Delivery Care	Patient Portion
SFS A	\$1687	\$150	\$2164	\$590	\$4185	\$900
SFS B	\$1687	\$200	\$2164	\$730	\$4185	\$1100
SFS C	\$1687	\$250	\$2164	\$860	\$4185	\$1300
SFS D	\$1687	\$300	\$2164	\$990	\$4185	\$1500

Vaginal Delivery – Routine OB Care Sliding Fee Discount

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## 2021 Medical OB Sliding Fee Scale- Schedule of Discounts

Sliding Fee Program	OB Care only (7 or more visits)	Patient Portion	Delivery Care only	Patient Portion	OB and Delivery Care	Patient Portion
SFS A	\$1687	\$150	\$2529	\$860	\$4741	\$1300
SFS B	\$1687	\$200	\$2529	\$990	\$4741	\$1500
SFS C	\$1687	\$250	\$2529	\$1125	\$4741	\$1700
SFS D	\$1687	\$300	\$2529	\$1255	\$4741	\$1900
Assistant Surgeon Fee*			\$1073			

Cesarean Delivery – Routine OB Care Sliding Fee Discount

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- 2. Denial of services is not based solely on inability to pay.
- 3. Family units with more than 10 members, add \$4,540 for each additional member.
- 4. Eligibility for the Sliding Fee Program will be effective for no more than the following 12 months.

To qualify for the Sliding Fee Program, a Sliding Fee Application must be completed with proof of income and a photo ID.