



2024 Medical OB Sliding Fee Scale- Schedule of Discounts

Family Size	Annual Household Income				
	100% FPG	101% to 133% FPG	134% to 166% FPG	167% to 200% FPG	Above 200% FPG
1	\$0 to 15,060	\$15,061 to 20,030	\$20,031 to 25,000	\$25,001 to 30,120	\$30,121
2	0 to 20,440	20,441 to 27,185	27,186 to 33,930	33,931 to 40,880	40,881
3	0 to 25,820	25,821 to 34,341	34,342 to 42,861	42,862 to 51,640	51,641
4	0 to 31,200	31,201 to 41,496	41,497 to 51,792	51,793 to 62,400	62,401
5	0 to 36,580	36,581 to 48,651	48,652 to 60,723	60,724 to 73,160	73,161
6	0 to 41,960	41,961 to 55,807	55,808 to 69,654	69,655 to 83,920	83,921
7	0 to 47,340	47,341 to 62,962	62,963 to 78,584	78,585 to 94,680	94,681
8	0 to 52,720	52,721 to 70,118	70,119 to 87,515	87,516 to 105,440	105,441
9	0 to 58,100	58,101 to 77,273	77,274 to 96,446	96,447 to 116,200	116,201
10	0 to 63,480	63,481 to 84,428	84,429 to 105,377	105,378 to 126,960	126,961
Payment	A \$10 (Nominal Charge)	B \$30	C \$40	D \$50	E 100% Pay No Discount

Effective 03-01-2024 – Based Upon the Federal Register Vol.89, No. 11 Wednesday, January 19, 2024

1. All patients, regardless of income, are subject to the nominal charge.
2. Denial of services is not based solely on inability to pay.
3. Family units with more than 10 members, add \$5,380 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.



2024 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	\$2315	\$150	\$2424	\$590	\$4860	\$900
SFS B	\$2315	\$200	\$2424	\$730	\$4860	\$1100
SFS C	\$2315	\$250	\$2424	\$860	\$4860	\$1300
SFS D	\$2315	\$300	\$2424	\$990	\$4860	\$1500

Vaginal Delivery – Routine OB Care Sliding Fee Discount

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Sliding Fee Program	OB Care only	Patient Portion	Delivery Care only	Patient Portion	OB and Delivery Care	Patient Portion
	(7 or more visits)					
SFS A	\$2315	\$150	\$2559	\$860	\$4298	\$1300
SFS B	\$2315	\$200	\$2559	\$990	\$4298	\$1500
SFS C	\$2315	\$250	\$2559	\$1125	\$4298	\$1700
SFS D	\$2315	\$300	\$2559	\$1255	\$4298	\$1900
Assistant Surgeon Fee*				\$1531		

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 \$5,380 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.