

**DFD RUSSELL MEDICAL CENTER  
SLIDING FEE DISCOUNT SCALE**

	CATEGORY A		CATEGORY B		CATEGORY C		CATEGORY D	
IF YOUR FAMILY SIZE IS	YOU PAY \$15 IF YOUR INCOME IS		YOU PAY 25% OF CHARGES IF YOUR INCOME IS		YOU PAY 50% OF CHARGES IF YOUR INCOME IS		YOU PAY 75% OF CHARGES IF YOUR INCOME IS	
	<= 100%		> 100% - 124.99%		>= 125% - 149.99%		>= 150% - 200%	
1	\$ 12,490	or LESS	\$ 12,491 - \$ 15,612		\$ 15,613 - \$ 18,734		\$ 18,735 - \$ 24,980	
2	\$ 16,910	or LESS	\$ 16,911 - \$ 21,137		\$ 21,138 - \$ 25,364		\$ 25,365 - \$ 33,820	
3	\$ 21,330	or LESS	\$ 21,331 - \$ 26,662		\$ 26,663 - \$ 31,994		\$ 31,995 - \$ 42,660	
4	\$ 25,750	or LESS	\$ 25,751 - \$ 32,187		\$ 32,188 - \$ 38,624		\$ 38,625 - \$ 51,500	
5	\$ 30,170	or LESS	\$ 30,171 - \$ 37,712		\$ 37,713 - \$ 45,254		\$ 45,255 - \$ 60,340	
6	\$ 34,590	or LESS	\$ 34,591 - \$ 43,237		\$ 43,238 - \$ 51,884		\$ 51,885 - \$ 69,180	
7	\$ 39,010	or LESS	\$ 39,011 - \$ 48,762		\$ 48,763 - \$ 58,514		\$ 58,515 - \$ 78,020	
8	\$ 43,430	or LESS	\$ 43,431 - \$ 54,287		\$ 54,288 - \$ 65,144		\$ 65,145 - \$ 86,860	

**OVER 8  
FAMILY MEMBERS      ADD \$4,420 FOR EACH  
MEMBER MEMBER**

\* Category A - B discount levels should be referred to Patient Assistance for assistance in applying for health care coverage and other available benefits.

The following figures are the 2019 HHS Poverty guidelines published in the Federal register: February 1, 2019

APPROVED BY THE DFD RUSSELL MEDICAL CENTER BOARD OF DIRECTORS: February 27, 2019