

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

IF YOUR FAMILY SIZE IS	CATEGORY A	CATEGORY B	CATEGORY C	CATEGORY D
	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	\$ 12,880 or LESS	\$ 12,881 - \$ 16,099	\$ 16,100 - \$ 19,319	\$ 19,320 - \$ 25,760
2	\$ 17,420 or LESS	\$ 17,421 - \$ 21,774	\$ 21,775 - \$ 26,129	\$ 26,130 - \$ 34,840
3	\$ 21,960 or LESS	\$ 21,961 - \$ 27,449	\$ 27,450 - \$ 32,939	\$ 32,940 - \$ 43,920
4	\$ 26,500 or LESS	\$ 26,501 - \$ 33,124	\$ 33,125 - \$ 39,749	\$ 39,750 - \$ 53,000
5	\$ 31,040 or LESS	\$ 31,041 - \$ 38,799	\$ 38,800 - \$ 46,559	\$ 46,560 - \$ 62,080
6	\$ 35,580 or LESS	\$ 35,581 - \$ 44,474	\$ 44,475 - \$ 53,369	\$ 53,370 - \$ 71,160
7	\$ 40,120 or LESS	\$ 40,121 - \$ 50,149	\$ 50,150 - \$ 60,179	\$ 60,180 - \$ 80,240
8	\$ 44,660 or LESS	\$ 44,661 - \$ 55,824	\$ 55,825 - \$ 66,989	\$ 66,990 - \$ 89,320

**OVER 8
FAMILY ADD \$4,540 FOR EACH
MEMBERS 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 2021 HHS Poverty guidelines published in the Federal register: January 13, 2021

APPROVED BY THE DFD RUSSELL MEDICAL CENTER BOARD OF DIRECTORS: January 27, 2021