

**NEIGHBORHOOD HEALTH CENTER 2024 SLIDING FEE DISCOUNT SCHEDULE**

**What Discount Do I Qualify For?**

ANNUAL INCOME											
Category	A		B		C		D		E		
FPG	0 - 100%		>100 - 133%		>133 - 166%		>166 - 200%		>200%		
Family Size	1	\$ -	\$ 15,060	\$ 15,061	\$ 20,030	\$ 20,031	\$ 25,000	\$ 25,001	\$ 30,120	\$ 30,121	& Up
	2	\$ -	\$ 20,440	\$ 20,441	\$ 27,185	\$ 27,186	\$ 33,930	\$ 33,931	\$ 40,880	\$ 40,881	& Up
	3	\$ -	\$ 25,820	\$ 25,821	\$ 34,341	\$ 34,342	\$ 42,861	\$ 42,862	\$ 51,640	\$ 51,641	& Up
	4	\$ -	\$ 31,200	\$ 31,201	\$ 41,496	\$ 41,497	\$ 51,792	\$ 51,793	\$ 62,400	\$ 62,401	& Up
	5	\$ -	\$ 36,580	\$ 36,581	\$ 48,651	\$ 48,652	\$ 60,723	\$ 60,724	\$ 73,160	\$ 73,161	& Up
	6	\$ -	\$ 41,960	\$ 41,961	\$ 55,807	\$ 55,808	\$ 69,654	\$ 69,655	\$ 83,920	\$ 83,921	& Up
	7	\$ -	\$ 47,340	\$ 47,341	\$ 62,962	\$ 62,963	\$ 78,584	\$ 78,585	\$ 94,680	\$ 94,681	& Up
	8	\$ -	\$ 52,720	\$ 52,721	\$ 70,118	\$ 70,119	\$ 87,515	\$ 87,516	\$ 105,440	\$ 105,441	& Up
	9	\$ -	\$ 58,100	\$ 58,101	\$ 77,273	\$ 77,274	\$ 96,446	\$ 96,447	\$ 116,200	\$ 116,201	& Up
	10	\$ -	\$ 63,480	\$ 63,481	\$ 84,428	\$ 84,429	\$ 105,377	\$ 105,378	\$ 126,960	\$ 126,961	& Up

FPG: Federal Poverty Guidelines, published by HHS, effective 1/17/2024

For families/households with more than 10 persons, add \$5,380 for each additional person

MONTHLY INCOME											
Category	A		B		C		D		E		
FPG	0 - 100%		>100 - 133%		>133 - 166%		>166 - 200%		>200%		
Family Size	1	\$ -	\$ 1,255	\$ 1,256	\$ 1,669	\$ 1,670	\$ 2,083	\$ 2,084	\$ 2,510	\$ 2,511	& Up
	2	\$ -	\$ 1,703	\$ 1,704	\$ 2,265	\$ 2,266	\$ 2,828	\$ 2,829	\$ 3,407	\$ 3,408	& Up
	3	\$ -	\$ 2,152	\$ 2,153	\$ 2,862	\$ 2,863	\$ 3,572	\$ 3,573	\$ 4,303	\$ 4,304	& Up
	4	\$ -	\$ 2,600	\$ 2,601	\$ 3,458	\$ 3,459	\$ 4,316	\$ 4,317	\$ 5,200	\$ 5,201	& Up
	5	\$ -	\$ 3,048	\$ 3,049	\$ 4,054	\$ 4,055	\$ 5,060	\$ 5,061	\$ 6,097	\$ 6,098	& Up
	6	\$ -	\$ 3,497	\$ 3,498	\$ 4,651	\$ 4,652	\$ 5,804	\$ 5,805	\$ 6,993	\$ 6,994	& Up
	7	\$ -	\$ 3,945	\$ 3,946	\$ 5,247	\$ 5,248	\$ 6,549	\$ 6,550	\$ 7,890	\$ 7,891	& Up
	8	\$ -	\$ 4,393	\$ 4,394	\$ 5,843	\$ 5,844	\$ 7,293	\$ 7,294	\$ 8,787	\$ 8,788	& Up
	9	\$ -	\$ 4,842	\$ 4,843	\$ 6,439	\$ 6,440	\$ 8,037	\$ 8,038	\$ 9,683	\$ 9,684	& Up
	10	\$ -	\$ 5,290	\$ 5,291	\$ 7,036	\$ 7,037	\$ 8,781	\$ 8,782	\$ 10,580	\$ 10,581	& Up

FPG: Federal Poverty Guidelines, published by HHS, effective 1/17/2024

For families/households with more than 10 persons, add \$448 for each additional person

**What Am I Responsible to Pay?**

	A	B	C	D	E
Medical & Clinical Pharmacy Services	\$25	\$35	\$40	\$45	100% of Full Charges
Reproductive Health Services	\$0	Review the <b>Reproductive Health Services Discount Schedule</b> . Discounted services are available to patients living at or below 250% FPG, per guidelines established by the Oregon Health Authority.			
Dental Services*	\$25	50% of Full Charges	60% of Full Charges	70% of Full Charges	100% of Full Charges
Behavioral Health Services	\$5	\$10	\$15	\$20	100% of Full Charges
Pharmacy Dispensed Prescription Fees**	\$5 Dispensing Fee + Discounted Medication Cost	\$8 Dispensing Fee + Discounted Medication Cost	\$10 Dispensing Fee + Discounted Medication Cost	\$12 Dispensing Fee + Discounted Medication Cost	100% of Full Charges

\*\$25 minimum payment required at the time of service (can be waived in cases of financial hardship). Dental supplies and equipment are not included in the Sliding Fee Discount.

\*\*Patients encouraged to ask their Pharmacist for a quote. Call 503-941-3160 for more information.