

## MarillacHealth Sliding Fee Discount Program

## **Effective 4/1/2024**

Marillac Sliding Fee Scale									
Family/Level	N (Nom inal)		Slide A		Slide B		Slide C		Eull Fee
Federal Poverty Scale	0% - 100%		<u> 101% - 133%</u>		<u> 133% - 166%</u>		<u> 167% - 200%</u>		<u>Over 200%</u>
	From	Τo	From	То	From	То	From	То	No Discount
1	0	15,060	15,061	20,030	20,031	25,000	25,001	30,120	Full Fee
2	0	20,440	20,441	27,185	27,186	33,930	33,931	40,880	Full Fee
3	0	25,820	25,821	34,341	34,342	42,861	42,862	51,640	Full Fee
4	0	31,200	31,201	41,496	41,497	51,792	51,793	62,400	Full Fee
5	0	36,580	36,581	48,651	48,652	60,723	60,724	73,160	Full Fee
6	0	41,960	41,961	55,807	55,808	69,654	69,655	83,920	Full Fee
7	0	47,340	47,341	62,962	62,963	78,584	78,585	94,680	Full Fee
8	0	52,720	52,721	70,118	70,119	87,515	87,516	105,440	Full Fee
9	0	58,100	58,101	77,273	77,274	96,446	96,447	116,200	Full Fee
10	0	63,480	63,481	84,428	84,429	105,377	105,378	126,960	Full Fee

\*\*\*\*\* No Section 330 funding will be used to subsidize care for patients above 200% FPL.



## MarillacHealth Sliding Fee Discount Program

Medical: Marillac Sliding Fee Discount Schedule (MSFDS)							
Federal Poverty Scale	0%-100%	<u>101% -</u> <u>133%</u>	<u>134% -</u> <u>166%</u>	<u>167% -</u> <u>200%</u>	Over 200%		
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee		
Medical Visit	\$25.00	\$35.00	\$45.00	\$55.00	FullFee		
Flu Shot, Hep B & Pneumococcal Vaccine	\$5.00	\$10.00	\$10.00	\$10.00	Full Fee		
RX Dispensing Fee	\$5.00	\$6.00	\$7.00	\$8.00	FullFee		
Nurse Only Visit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
LARC / IUD	cost + fee	cost + fee	cost + fee	cost + fee	cost + fee		

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Federal Poverty Scale	0%-100%	101% - 133%	134% - 166%	167% - 200%	Over 200%			
FPL Code	N (Nominal)	Slide A	Slide B	Slide C	Full Fee			
Behavioral Health	\$5.00	\$10.00	\$10.00	\$10.00	Full Fee			



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Marillac Sliding Fee Discount Schedule (MSFDS)								
Federal Poverty Scale	<u>0% - 100%</u>	<u> 101% - 133%</u>	<u> 134% - 166%</u>	<u> 167% - 200%</u>	<u>Over 200%</u>			
	<u>N</u> (Nominal)	Slide A	Slide B	Slide C	<u>Full Fee</u>			
Dental - Diagnostic/Preventative	\$10.00	40%	45%	50%	Full Fee			
Dental - Restorative	\$20.00	40%	45%	50%	Full Fee			
Dental - Periodontal	\$35.00	40%	45%	50%	Full Fee			
Dental - Endodontics	\$15-\$50	40%	45%	50%	Full Fee			
Dental - Prosthodontics	\$50-\$275	40%	45%	50%	Full Fee			
Oral Surgery	\$15-\$1000	40%	45%	50%	Full Fee			
Adjunct Services	\$5-\$80	40%	45%	50%	Full Fee			

- All dental services are billed per procedure.

- As an Example, Nominal Fee patients have a visit with two Restorative procedures. Total patient amount would be 2 procedures x \$20/each for a total due of \$40