



MarillacHealth Sliding Fee Discount Program

Effective 4/1/2025

Marillac Sliding Fee Scale									
Family/Level	N (Nominal)		Slide A		Slide B		Slide C		Full Fee
Federal Poverty Scale	0% - 100%		101% - 133%		133% - 166%		167% - 200%		Over 200%
	From	To	From	To	From	To	From	To	No Discount
1	0	15,650	15,651	20,815	20,816	25,979	25,980	31,300	Full Fee
2	0	21,150	21,151	28,130	28,131	35,109	35,110	42,300	Full Fee
3	0	26,650	26,651	35,445	35,446	44,239	44,240	53,300	Full Fee
4	0	32,150	32,151	42,760	42,761	53,369	53,370	64,300	Full Fee
5	0	37,650	37,651	50,075	50,076	62,499	62,500	75,300	Full Fee
6	0	43,150	43,151	57,390	57,391	71,629	71,630	86,300	Full Fee
7	0	48,650	48,651	64,705	64,706	80,759	80,760	97,300	Full Fee
8	0	54,150	54,151	72,020	72,021	89,889	89,890	108,300	Full Fee
9	0	59,650	59,651	79,335	79,336	99,019	99,020	119,300	Full Fee
10	0	65,150	65,151	86,650	86,651	108,149	108,150	130,300	Full Fee

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

*****For families with more than 8 persons add \$5,500 per person

***** 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% - 133%</u>	<u>134% - 166%</u>	<u>167% - 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	Full Fee
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	Full Fee
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

Marillac Sliding Fee Discount Schedule (MSFDS)					
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



MarillacHealth Sliding Fee Discount Program

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> <u>(Nominal)</u>	<u>Slide A</u>	<u>Slide B</u>	<u>Slide C</u>	<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