

AVV HEALTH CENTERS, INC.
MEDICAL SLIDING FEE DISCOUNT SCHEDULE
 BASED ON 2024 FEDERAL POVERTY LEVEL GUIDELINES
 UPDATED FEBRUARY 2024

		Slide A 0-100% Nominal Fee	Slide B 101%-133% Fee	Slide C 134-167% Fee	Slide D 168-200% Fee	201% and Above Full Fee
Office Visit		\$20.00	\$35.00	\$50.00	\$75.00	Full Fee
Lab		\$2.00	Pay 25% of Charges no less than \$2.00	Pay 50% of Charges no less than \$2.00	Pay 75% of Charges no less than \$2.00	Full Fee
X-ray		\$20.00	Pay 25% of Charges no less than \$20.00	Pay 50% of Charges no less than \$20.00	Pay 75% of Charges no less than \$20.00	Full Fee
Other Procedure		\$30.00	Pay 25% of Charges no less than \$30.00	Pay 50% of Charges no less than \$30.00	Pay 75% of Charges no less than \$30.00	Full Fee
Family Size	Family Income	100% Discount [Nominal Fee(s)]	75% Discount (Pay 25%)	50% Discount (Pay 50%)	25% Discount (Pay 75%)	0% Discount (Pay 100%)
1	Annual (up to)	\$15,060.00	\$20,030.00	\$25,150.00	\$30,120.00	\$30,121.00
	Monthly	\$1,255.00	\$1,669.17	\$2,095.83	\$2,510.00	\$2,510.08
	Weekly	\$289.62	\$385.19	\$483.65	\$579.23	\$579.25
	Hourly	\$7.24	\$9.63	\$12.09	\$14.48	\$14.48
2	Annual (up to)	\$20,440.00	\$27,185.00	\$34,135.00	\$40,880.00	\$40,881.00
	Monthly	\$1,703.33	\$2,265.42	\$2,844.58	\$3,406.67	\$3,406.75
	Weekly	\$393.08	\$522.79	\$656.44	\$786.15	\$786.17
	Hourly	\$9.83	\$13.07	\$16.41	\$19.65	\$19.65
3	Annual (up to)	\$25,820.00	\$34,341.00	\$43,119.00	\$51,640.00	\$51,641.00
	Monthly	\$2,151.67	\$2,861.75	\$3,593.25	\$4,303.33	\$4,303.42
	Weekly	\$496.54	\$660.40	\$829.21	\$993.08	\$993.10
	Hourly	\$12.41	\$16.51	\$20.73	\$24.83	\$24.83
4	Annual (up to)	\$31,200.00	\$41,496.00	\$52,104.00	\$62,400.00	\$62,401.00
	Monthly	\$2,600.00	\$3,458.00	\$4,342.00	\$5,200.00	\$5,200.08
	Weekly	\$600.00	\$798.00	\$1,002.00	\$1,200.00	\$1,200.02
	Hourly	\$15.00	\$19.95	\$25.05	\$30.00	\$30.00
5	Annual (up to)	\$36,580.00	\$48,651.00	\$61,089.00	\$73,160.00	\$73,161.00
	Monthly	\$3,048.33	\$4,054.25	\$5,090.75	\$6,096.67	\$6,096.75
	Weekly	\$703.46	\$935.60	\$1,174.79	\$1,406.92	\$1,406.94
	Hourly	\$17.59	\$23.39	\$29.37	\$35.17	\$35.17
6	Annual (up to)	\$41,960.00	\$55,807.00	\$70,073.00	\$83,920.00	\$83,921.00
	Monthly	\$3,496.67	\$4,650.58	\$5,839.42	\$6,993.33	\$6,993.42
	Weekly	\$806.92	\$1,073.21	\$1,347.56	\$1,613.85	\$1,613.87
	Hourly	\$20.17	\$26.83	\$33.69	\$40.35	\$40.35
7	Annual (up to)	\$47,340.00	\$62,962.00	\$79,058.00	\$94,680.00	\$94,681.00
	Monthly	\$3,945.00	\$5,246.83	\$6,588.17	\$7,890.00	\$7,890.08
	Weekly	\$910.38	\$1,210.81	\$1,520.35	\$1,820.77	\$1,820.79
	Hourly	\$22.76	\$30.27	\$38.01	\$45.52	\$45.52
8	Annual (up to)	\$52,720.00	\$70,118.00	\$88,042.00	\$105,440.00	\$105,441.00
	Monthly	\$4,393.33	\$5,843.17	\$7,336.83	\$8,786.67	\$8,786.75
	Weekly	\$1,013.85	\$1,348.42	\$1,693.12	\$2,027.69	\$2,027.71
	Hourly	\$25.35	\$33.71	\$42.33	\$50.69	\$50.69
*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,380 PER ADDITIONAL FAMILY MEMBER TO THE ANNUAL						

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	Slide A 0-100% Nominal Fee	Slide B 101%-133% Fee	Slide C 134-167% Fee	Slide D 168-200% Fee	201% and Above Full Fee
90791 - Diagnostc Evaluation	\$ 15	\$ 30	\$ 65	\$ 95	\$ 200
90832, 98034, 90837 - 30-60 minute Therapy Session	\$ 10	\$ 25	\$ 50	\$ 75	\$ 138
90846/90847- - Family w/o or w/Patient	\$ 10	\$ 25	\$ 50	\$ 75	\$ 138
90853 - Group Therapy	\$ 5	\$ 10	\$ 20	\$ 25	\$ 35

Family Size	Family Income	100% Discount [Nominal Fee(s)]	101%-133%	134%-167%	168%-199%	0% Discount (Pay 100%)
1	Annual (up to)	\$15,060.00	\$20,030.00	\$25,150.00	\$30,120.00	\$30,121.00
	Monthly	\$1,255.00	\$1,669.17	\$2,095.83	\$2,510.00	\$2,510.08
	Weekly	\$289.62	\$385.19	\$483.65	\$579.23	\$579.25
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	Monthly	\$2,151.67	\$2,861.75	\$3,593.25	\$4,303.33	\$4,303.42
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