

AVV HEALTH CENTERS, INC.
MEDICAL SLIDING FEE DISCOUNT SCHEDULE

BASED ON 2025 FEDERAL POVERTY LEVEL GUIDELINES
 UPDATED FEBRUARY 2025

		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 DISCOUNT CHART						
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)	\$15,650.00	\$20,815.00	\$26,136.00	\$31,300.00	\$31,301.00
	Monthly	\$1,304.17	\$1,734.58	\$2,178.00	\$2,608.33	\$2,608.42
	Weekly	\$300.96	\$400.29	\$502.62	\$601.92	\$601.94
	Hourly	\$7.52	\$10.01	\$12.57	\$15.05	\$15.05
2	Annual (up to)	\$21,150.00	\$28,130.00	\$35,321.00	\$42,300.00	\$42,301.00
	Monthly	\$1,762.50	\$2,344.17	\$2,943.42	\$3,525.00	\$3,525.08
	Weekly	\$406.73	\$540.96	\$679.25	\$813.46	\$813.48
	Hourly	\$10.17	\$13.52	\$16.98	\$20.34	\$20.34
3	Annual (up to)	\$26,650.00	\$35,445.00	\$44,506.00	\$53,300.00	\$53,301.00
	Monthly	\$2,220.83	\$2,953.75	\$3,708.83	\$4,441.67	\$4,441.75
	Weekly	\$512.50	\$681.63	\$855.88	\$1,025.00	\$1,025.02
	Hourly	\$12.81	\$17.04	\$21.40	\$25.63	\$25.63
4	Annual (up to)	\$32,150.00	\$42,760.00	\$53,691.00	\$64,300.00	\$64,301.00
	Monthly	\$2,679.17	\$3,563.33	\$4,474.25	\$5,358.33	\$5,358.42
	Weekly	\$618.27	\$822.31	\$1,032.52	\$1,236.54	\$1,236.56
	Hourly	\$15.46	\$20.56	\$25.81	\$30.91	\$30.91
5	Annual (up to)	\$37,650.00	\$50,075.00	\$62,876.00	\$75,300.00	\$75,301.00
	Monthly	\$3,137.50	\$4,172.92	\$5,239.67	\$6,275.00	\$6,275.08
	Weekly	\$724.04	\$962.98	\$1,209.15	\$1,448.08	\$1,448.10
	Hourly	\$18.10	\$24.07	\$30.23	\$36.20	\$36.20
6	Annual (up to)	\$43,150.00	\$57,390.00	\$72,061.00	\$86,300.00	\$86,301.00
	Monthly	\$3,595.83	\$4,782.50	\$6,005.08	\$7,191.67	\$7,191.75
	Weekly	\$829.81	\$1,103.65	\$1,385.79	\$1,659.62	\$1,659.63
	Hourly	\$20.75	\$27.59	\$34.64	\$41.49	\$41.49
7	Annual (up to)	\$48,650.00	\$64,705.00	\$81,246.00	\$97,300.00	\$97,301.00
	Monthly	\$4,054.17	\$5,392.08	\$6,770.50	\$8,108.33	\$8,108.42
	Weekly	\$935.58	\$1,244.33	\$1,562.42	\$1,871.15	\$1,871.17
	Hourly	\$23.39	\$31.11	\$39.06	\$46.78	\$46.78
8	Annual (up to)	\$54,150.00	\$72,020.00	\$90,431.00	\$108,300.00	\$108,301.00
	Monthly	\$4,512.50	\$6,001.67	\$7,535.92	\$9,025.00	\$9,025.08
	Weekly	\$1,041.35	\$1,385.00	\$1,739.06	\$2,082.69	\$2,082.71
	Hourly	\$26.03	\$34.63	\$43.48	\$52.07	\$52.07

*FOR FAMILY MEMBERS GREATER THAN 8, ADD \$5,500 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 - Diagnositc 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
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	Weekly	\$300.96	\$400.29	\$502.62	\$601.92
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