

UNITY HEALTH CARE, INC. 2016 SLIDING FEE SCHEDULE

Income Level	Number of People in Family										Discount Rate On Charges
	1	2	3	4	5	6	7	8	9	10	
	Less Than 100% FPL	\$ 11,880	\$ 16,020	\$ 20,160	\$ 24,300	\$ 28,440	\$ 32,580	\$ 36,730	\$ 40,890	\$ 45,050	
Less Than 125% FPL	\$ 14,850	\$ 20,025	\$ 25,200	\$ 30,375	\$ 35,550	\$ 40,725	\$ 45,913	\$ 51,113	\$ 56,313	\$ 61,513	95%
Less Than 150% FPL	\$ 17,820	\$ 24,030	\$ 30,240	\$ 36,450	\$ 42,660	\$ 48,870	\$ 55,095	\$ 61,335	\$ 67,575	\$ 73,815	85%
Less Than 175% FPL	\$ 20,790	\$ 28,035	\$ 35,280	\$ 42,525	\$ 49,770	\$ 57,015	\$ 64,278	\$ 71,558	\$ 78,838	\$ 86,118	75%
Less Than 200% FPL	\$ 23,760	\$ 32,040	\$ 40,320	\$ 48,600	\$ 56,880	\$ 65,160	\$ 73,460	\$ 81,780	\$ 90,100	\$ 98,420	65%

Examples:					
Service	Amount of Charge	Family Size	Family Income	Discount	Amount of Patient Pay
Brief Visit-Exist. Patient	\$119.74	4	\$32,000	85%	\$17.96
Interm. Visit-New Patient	\$203.28	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$295.17	1	\$12,000	95%	\$14.76
Nurse Visit	\$71.49	3	\$40,000	65%	\$25.02

UNITY HEALTH CARE, INC.
2016 SLIDING FEE SCHEDULE (Family Planning Services Only)

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	1	2	3	4	5	6	7	8	9	10	
	Less Than 100% FPL	\$ 11,880	\$ 16,020	\$ 20,160	\$ 24,300	\$ 28,440	\$ 32,580	\$ 36,730	\$ 40,890	\$ 45,050	
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Less Than 200% FPL	\$ 23,760	\$ 32,040	\$ 40,320	\$ 48,600	\$ 56,880	\$ 65,160	\$ 73,460	\$ 81,780	\$ 90,100	\$ 98,420	65%
Less Than 225% FPL	\$ 26,730	\$ 36,045	\$ 45,360	\$ 54,675	\$ 63,990	\$ 73,305	\$ 82,643	\$ 92,003	\$ 101,363	\$ 110,723	55%
Less Than 250% FPL	\$ 33,413	\$ 45,056	\$ 56,700	\$ 68,344	\$ 79,988	\$ 91,631	\$ 103,303	\$ 115,003	\$ 126,703	\$ 138,403	45%

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