

**UNITY HEALTH CARE, INC.  
2017 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	\$ 12,060	\$ 16,240	\$ 20,420	\$ 24,600	\$ 28,780	\$ 32,960	\$ 37,140	\$ 41,320	\$ 45,500	
Less Than 125% FPL	\$ 15,075	\$ 20,300	\$ 25,525	\$ 30,750	\$ 35,975	\$ 41,200	\$ 46,425	\$ 51,650	\$ 56,875	\$ 62,100	95%
Less Than 150% FPL	\$ 18,090	\$ 24,360	\$ 30,630	\$ 36,900	\$ 43,170	\$ 49,440	\$ 55,710	\$ 61,980	\$ 68,250	\$ 74,520	85%
Less Than 175% FPL	\$ 21,105	\$ 28,420	\$ 35,735	\$ 43,050	\$ 50,365	\$ 57,680	\$ 64,995	\$ 72,310	\$ 79,625	\$ 86,940	75%
Less Than 200% FPL	\$ 24,120	\$ 32,480	\$ 40,840	\$ 49,200	\$ 57,560	\$ 65,920	\$ 74,280	\$ 82,640	\$ 91,000	\$ 99,360	65%

<u>Examples:</u>					
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.**  
**2017 SLIDING FEE SCHEDULE (Family Planning Services Only)**

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	\$ 12,060	\$ 16,240	\$ 20,420	\$ 24,600	\$ 28,780	\$ 32,960	\$ 37,140	\$ 41,320	\$ 45,500	
Less Than 125% FPL	\$ 15,075	\$ 20,300	\$ 25,525	\$ 30,750	\$ 35,975	\$ 41,200	\$ 46,425	\$ 51,650	\$ 56,875	\$ 62,100	95%
Less Than 150% FPL	\$ 18,090	\$ 24,360	\$ 30,630	\$ 36,900	\$ 43,170	\$ 49,440	\$ 55,710	\$ 61,980	\$ 68,250	\$ 74,520	85%
Less Than 175% FPL	\$ 21,105	\$ 28,420	\$ 35,735	\$ 43,050	\$ 50,365	\$ 57,680	\$ 64,995	\$ 72,310	\$ 79,625	\$ 86,940	75%
Less Than 200% FPL	\$ 24,120	\$ 32,480	\$ 40,840	\$ 49,200	\$ 57,560	\$ 65,920	\$ 74,280	\$ 82,640	\$ 91,000	\$ 99,360	65%
Less Than 225% FPL	\$ 27,135	\$ 36,540	\$ 45,945	\$ 55,350	\$ 64,755	\$ 74,160	\$ 83,565	\$ 92,970	\$ 102,375	\$ 111,780	55%
Less Than 250% FPL	\$ 33,919	\$ 45,675	\$ 57,431	\$ 69,188	\$ 80,944	\$ 92,700	\$ 104,456	\$ 116,213	\$ 127,969	\$ 139,725	45%

<u>Examples:</u>					
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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
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