

# MEDICAL SERVICES 2022

## Notice to All Patients of Friends of Family Health Center

As a Federally Qualified Health Center, we do not refuse to provide health care services to any individuals because of inability to pay. Discounts for essential services are offered dependent upon family size & income as determined by a discounted Sliding Fee Schedule (below). You may apply for a discount at the front desk or call (562) 690-0400.

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1133	\$1134 - \$1416	\$1417 - \$1699	\$1700 - \$1982	\$1983 - \$2265	> greater than \$2265
2	\$ 0 - \$1526	\$1527 - \$2289	\$2290 - \$3052	\$2290 - \$2670	\$2671 - \$3052	> greater than \$3052
3	\$ 0 - \$1919	\$1920 - \$2879	\$2880 - \$3838	\$2880 - \$3359	\$3360 - \$3838	> greater than \$3838
4	\$ 0 - \$2313	\$2314 - \$3469	\$3470 - \$4625	\$3470 - \$4047	\$4048 - \$4625	> greater than \$4625
5	\$ 0 - \$2706	\$2707 - \$4059	\$4060 - \$5412	\$4060 - \$4735	\$4736 - \$5412	> greater than \$5412
6	\$ 0 - \$3099	\$3100 - \$4649	\$4650 - \$6198	\$4650 - \$5424	\$5425 - \$6198	> greater than \$6198
7	\$ 0 - \$3493	\$3494 - \$5239	\$5240 - \$6985	\$5240 - \$6112	\$6113 - \$6985	> greater than \$6985
8	\$ 0 - \$3886	\$3887 - \$5829	\$5830 - \$7772	\$5830 - \$6800	\$6801 - \$7772	> greater than \$7772
Each additional person over 8	Add \$393 per additional person	Add \$492 per additional person	Add \$590 per additional person	Add \$688 per additional person	Add \$787 per additional person	

Medical Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Amount	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$175.00

\*A cash discount of 10% will be offered to patients if full payment is made at the time of visit. Sliding Fee Schedule of Discounts is based on 2022 Federal Poverty Level (FPL).