	ΡΙ ΔΝ Δ	Nominal Fee	: Family/H	ousehold wit	h Income between 0 - 100%	of Federal Poverty	level
Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	N	ominal Fee	
1	\$0.00	\$13,590.00	\$0.00	\$522.69	\$5	\$0	
2	\$0.00	\$18,310.00	\$0.00	\$704.23	\$5	\$0	
3	\$0.00	\$23,030.00	\$0.00	\$885.77	\$5	\$0	
4	\$0.00	\$27,750.00	\$0.00	\$1,067.31	\$5	\$0	
5	\$0.00	\$32,470.00	\$0.00	\$1,248.85	\$5	\$0	
6	\$0.00	\$37,190,00	\$0.00	\$1,430,38	\$5	\$0	
7	\$0.00	\$41,910.00	\$0.00	\$1,611.92	\$5	\$0	
				\$1,793,46	\$5	\$0	
8 For fam	ilies/househ	Nominal Fee	: Family/H	mbers, add s	4,720.00 to the dollar value	in the "To" column f	for each
For fam	ilies/househ	olds with mor	e than 8 me): Family/H quires valid Bi-Week	mbers, add s ousehold wit ation docum	4,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele Mental Health and	in the "To" column f of Federal Poverty I ssness*** Nurse Charge	Level
For fam	ilies/househo	Nominal Fee	e than 8 me): Family/Hi quires valida Bi-Week Inco	ousehold wit ation docum ly Family ome	4,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele	in the "To" column I of Federal Poverty I ssness***	for each
For fam	PLAN H	Nominal Fee *** Re	e than 8 me Family/H guires valida Bi-Week Inco (every-otl	mbers, add S ousehold wit ation docum ly Family ome her week)	4,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele Mental Health and Substance	in the "To" column 1 of Federal Poverty I ssness*** Nurse Charge per Visit	for each Level
For fam	PLAN H PLAN H Annual Fan From	Nominal Fee *** Re nily Income To	e than 8 me): Family/H guires valida Bi-Week Inco (every-otl From	mbers, add \$ ousehold wit ation docum ly Family ome her week) To	44,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele Mental Health and Substance N	in the "To" column 1 of Federal Poverty I ssness*** Nurse Charge per Visit ominal Fee	for each Level Laboratory
amily	PLAN H PLAN H Annual Fan From \$0.00	(Nominal Fee *** Re nily Income To \$13,590.00	e than 8 me Family/H guires valids Bi-Week Inco (every-oti From \$0.00	mbers, add \$ ousehold wit ation docum ly Family ome her week) To \$522.69	14,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele Mental Health and Substance Ni S0	in the "To" column 1 of Federal Poverty I ssness*** Nurse Charge per Visit ominal Fee \$0	for each Level Laboratory
For fam	PLAN H PLAN H Annual Fan From \$0.00 \$0.00	(Nominal Fee *** Re nily Income To \$13,590.00 \$18,310.00	e than 8 me Family/H- quires valid: Bi-Week Inco (every-otl From \$0.00 \$0.00	mbers, add 5 ousehold wit ation docum ly Family ome her week) To \$522.69 \$704.23	14,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele Mental Health and Substance Ni S0 S0	in the "To" column 1 of Federal Poverty I ssness*** Nurse Charge per Visit ominal Fee \$0 \$0	for each Level Laboratory
amily ize	Annual Fam From \$0.00 \$0.00	Nominal Fee *** Re nily Income To \$13,590.00 \$18,310.00 \$23,030.00	e than 8 me Family/H- quires valid: Bi-Week Inco (every-otl From \$0.00 \$0.00 \$0.00	mbers, add \$ ousehold wit ation docum ly Family ome her week) To \$522.69 \$704.23 \$885.77	14,720.00 to the dollar value th Income between 0 - 100% ents to demonstrate homele Mental Health and Substance No S0 S0 S0	in the "To" column 1 of Federal Poverty I ssness*** Nurse Charge per Visit ominal Fee \$0 \$0 \$0 \$0	for each Level Laboratory
amily ize	Annual Fan From \$0.00 \$0.00 \$0.00	Nominal Fee *** Re nily Income To \$13,590.00 \$23,030.00 \$23,030.00	e than 8 me): Family/H guires valid: Bi-Week Incc (every-otl From \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	mbers, add \$ ousehold with ation docum ly Family ome her week) To \$522.69 \$704.23 \$885.77 \$1,067.31	14,720.00 to the dollar value th Income between 0 - 100% Income betwe	In the "To" column 1 of Federal Poverty ssness*** Nurse Charge per Visit ominal Fee \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	for each Level Laboratory
amily ize 1 2 3 4 5	Annual Fan From \$0.00 \$0.00 \$0.00 \$0.00	Nominal Fee *** Re nily Income To \$13,590.00 \$23,030.00 \$22,750.00 \$32,470.00	e than 8 me Family/H guires valid: Bi-Week Incc (every-otl From \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	mbers, add \$ ousehold wita ation docum ly Family ome her week) To \$522.69 \$704.23 \$885.77 \$1,067.31 \$1,248.85	50 S0	in the "To" column 1 of Federal Poverty I satess?*** Nurse Charge per Visit Sominal Fee So So So So So So So So So	for each Level Laboratory
For fam	Annual Fan From \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Nominal Fee *** Re To \$13,590.00 \$13,590.00 \$18,310.00 \$23,030.00 \$23,030.00 \$24,750.00 \$32,470.00 \$32,470.00	e than 8 me Family/H guires valida Bi-Week Incc (every-otl From \$0.00 \$	mbers, add \$ ousehold with ation docum ly Family ome her week) To \$522.69 \$704.23 \$885.77 \$1,067.31 \$1,248.85 \$1,430.38	24,720,00 to the dollar value it income between 0 - 100% entit to demonstrate homele Mental Health and Substance No So So So So So So So So	in the "To" column 1 of Federal Poverty1 saness*** Nurse Charge per Visit sinel Fee S0	for each Level Laboratory
For fam Family Size	Annual Fan From \$0.00 \$0.00 \$0.00 \$0.00	Nominal Fee *** Re nily Income To \$13,590.00 \$18,310.00 \$22,750.00 \$32,470.00 \$32,470.00 \$41,910.00	e than 8 me Family/H guires valid: Bi-Week Incc (every-otl From \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	mbers, add \$ ousehold wit ation docum ly Family ome her week) To \$522.69 \$704.23 \$885.77 \$1,067.31 \$1,248.85 \$1,430.38	50 S0	in the "To" column 1 of Federal Poverty I satess?*** Nurse Charge per Visit Sominal Fee So So So So So So So So So	for each Level

Sandra Eskenazi Mental Health Center

PLAN B: Family/Household with Income between 101% - 138% of Federal Poverty Level										
Family Size	Annual Family Income		Bi-Weekly Family Income		Mental Health and Substance	Nurse Charge per Visit	Laboratory			
	From To		From	To	Patient responsibility at Time of Visit					
1	\$13,590.01	\$18,754.00	\$522.69	\$721.31	\$15	\$5	\$35			
2	\$18,310.01	\$25,268.00	\$704.23	\$971.85	\$15	\$5	\$35			
з	\$23,030.01	\$31,781.00	\$885.77	\$1,222.35	\$15	\$5	\$35			
4	\$27,750.01	\$38,295.00	\$1,067.31	\$1,472.88	\$15	\$5	\$35			
5	\$32,470.01	\$44,809.00	\$1,248.85	\$1,723.42	\$15	\$5	\$35			
6	\$37,190.01	\$51,322.00	\$1,430.39	\$1,973.92	\$15	\$5	\$35			
7	\$41,910.01	\$57,836.00	\$1,611.92	\$2,224.46	\$15	\$5	\$35			
8	\$46,630.01	\$64,349.00	\$1,793.46	\$2,474.96	\$15	\$5	\$35			
Eor	For families (households with more than 8 members, add \$5 512 60 to the dellar value in the "To" solume for each									

	PLAN C: Family/Household with Income between 139% - 175% of Federal Poverty Level									
Family Size	Annual Family Income		Bi-Weekly Family Income		Mental Health and Substance	Nurse Charge per Visit	Laboratory			
	From	To	From To Patient responsibility at Time of Visit		Time of Visit					
1	\$18,754.01	\$23,783.00	\$721.31	\$914.73	\$25	\$10	\$35			
2	\$25,268.01	\$32,043.00	\$971.85	\$1,232.42	\$25	\$10	\$35			
3	\$31,781.01	\$40,303.00	\$1,222.35	\$1,550.12	\$25	\$10	\$35			
4	\$38,295.01	\$48,563.00	\$1,472.89	\$1,867.81	\$25	\$10	\$35			
5	\$44,809.01	\$56,823.00	\$1,723.42	\$2,185.50	\$25	\$10	\$35			
6	\$51,322.01	\$65,083.00	\$1,973.92	\$2,503.19	\$25	\$10	\$35			
7	\$57,836.01	\$73,343.00	\$2,224.46	\$2,820.88	\$25	\$10	\$35			
8	\$64,349.01	\$81,603.00	\$2,474.96	\$3,138.58	\$25	\$10	\$35			
EOI	For families/households with more than 8 members add \$8,260,00 to the dollar value in the "To" column for each									

Family Size	Annual Family Income		Bi-Weekly Family Income		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From To		From	To	Patient responsibility at Time of Visit		
1	\$23,783.01	\$27,180.00	\$914.73	\$1,045.38	\$35	\$15	\$35
2	\$32,043.01	\$36,620.00	\$1,232.42	\$1,408.46	\$35	\$15	\$3
3	\$40,303.01	\$46,060.00	\$1,550.12	\$1,771.54	\$35	\$15	\$35
4	\$48,563.01	\$55,500.00	\$1,867.81	\$2,134.62	\$35	\$15	\$35
5	\$56,823.01	\$64,940.00	\$2,185.50	\$2,497.69	\$35	\$15	\$3
6	\$65,083.01	\$74,380.00	\$2,503.19	\$2,860.77	\$35	\$15	\$3
7	\$73,343.01	\$83,820.00	\$2,820.89	\$3,223.85	\$35	\$15	\$35
8	\$81,603.01	\$93,260.00	\$3,138.58	\$3,586.92	\$35	\$15	\$3

FULL PAY PATIENTS: Family/Household with Income above 200% of Federal Poverty Level Full pay patients should be prepared to pay a deposit (see amount below) toward their visit charges each time they present for services.								
Mental Health and Substance	Full pay patients should be prepared	Nurse Only	Full pay patients should be prepared to pay a \$20 Deposit. Patient will be billed for remaining balance of charges.	Laboratory	Full pay patients should be prepared to pay a \$35 Deposit. Patient will be billed for remaining balance of charges.			
Insured patients belo	Insured patients below 200% of the Federal Poverty Level should be prepared to pay the lesser of the insurance copay or applicable SFDS pay							
Some services offened in our building are provided by an outpatient department of the SIDNY & LOS EXERNAD INSERTIAL. For these provider based services; your like receive two billing one for the services provided by the medical professional staff and a second bill for the facility services. You may be responsible for two coparament amounts. Some of the hospital autratient services include, but are not limited to: Laboratory services - when a same provide is and the autoritation is SIDNY & LOS ESKENAD HOSPITAL NM MID Services - inductade same provides and the medication management NM MID Services - inductade Rehabilitation Services are Medication only services for qualified DMMA clients.								