



**No Insurance? No Problem.
¿No tiene seguro medico? No hay problema.**

**Discounted fees are available for those who qualify.
(Existen programa descuento para los que califiquen.)**

SCHOOL HEALTH

**Discount Services Fee Scale - Percentage of Maximum
Charge Based on Family Income and Size**

Payment Category Code	A	B	C	D	E
% OF FULL CHARGES PAYABLE	0%	20%	40%	60%	80%

Annual Income					
Family Size	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to	Less than or equal to
1	\$ 12,490	\$ 15,613	\$ 18,735	\$ 21,858	\$ 24,980
2	\$ 16,910	\$ 21,138	\$ 25,365	\$ 29,593	\$ 33,820
3	\$ 21,330	\$ 26,663	\$ 31,995	\$ 37,328	\$ 42,660
4	\$ 25,750	\$ 32,188	\$ 38,625	\$ 45,063	\$ 51,500
5	\$ 30,170	\$ 37,713	\$ 45,255	\$ 52,798	\$ 60,340
6	\$ 34,590	\$ 43,238	\$ 51,885	\$ 60,533	\$ 69,180
7	\$ 39,010	\$ 48,763	\$ 58,515	\$ 68,268	\$ 78,020
8	\$ 43,430	\$ 54,288	\$ 65,145	\$ 76,003	\$ 86,860
9	\$ 47,850	\$ 59,813	\$ 71,775	\$ 83,738	\$ 95,700
10	\$ 52,270	\$ 65,338	\$ 78,405	\$ 91,473	\$ 104,540

For families/households with more than 8 persons, **add \$4,420 for each additional person.**

SPECIAL NOTE: Certain medical and laboratory procedures may not be included in the core visit. These will be charged based on family income