

## Lake City Area Medical Center Sliding Fee Schedule 2024

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty					
% of annual family income to Federal Poverty Level	At or Below 100% of FPL would receive 100% discount	125% of FPL would receive 20% discount	150% of FPL would receive 60% discount	175% of FPL would receive 40% discount	200% of FPL would receive 20% discount
Size of Family	100% discount Patient pays 0%	80% discount Patient pays 20%	60% discount Patient pays 40%	40% discount Patient Pays 60%	20% discount Patient Pays 80%
<b>1</b>	\$15,060.00	\$18,825.00	\$22,590.00	\$26,355.00	\$30,120.00
<b>2</b>	\$20,440.00	\$25,550.00	\$30,660.00	\$35,770.00	\$40,880.00
<b>3</b>	\$25,820.00	\$32,275.00	\$38,730.00	\$45,185.00	\$51,640.00
<b>4</b>	\$31,200.00	\$39,000.00	\$46,800.00	\$54,600.00	\$62,400.00
<b>5</b>	\$36,580.00	\$45,725.00	\$54,870.00	\$64,015.00	\$73,160.00
<b>6</b>	\$41,960.00	\$52,450.00	\$62,940.00	\$73,430.00	\$83,920.00
<b>7</b>	\$47,340.00	\$59,175.00	\$71,010.00	\$82,845.00	\$94,680.00
<b>8</b>	\$52,720.00	\$65,900.00	\$79,080.00	\$92,260.00	\$105,440.00
For each additional person, add	\$5,380	\$6,725	\$8,070	\$9,415	\$10,760

<b>200% and above of FPL would not be eligibe for discount</b>
<b>Patient Pays 100%</b>
<b>30,120.00+</b>
<b>40,880.00+</b>
<b>51,640.00+</b>
<b>62,400.00+</b>
<b>73,160.00+</b>
<b>83,920.00+</b>
<b>94,680.00+</b>
<b>105,440.00+</b>