

## APPENDIX B - Sliding Fee Scale Discount Table - 2021

	Nominal fee	101-150% of FPL		151-250% of FPL		251-400 % of FPL MAX		Over 400% FPL NO MAX
Family size	Level 1 Maximum income limit	Level 2 Maximum income limit	Level 3 Maximum income limit	Level 4 maximum income limit	Level 5 maximum income limit	Sliding fee level 6 income range		Sliding fee scale Level 7 minimum income range (minimum)
1	\$12,880	\$16,100	\$19,320	\$25,760	\$32,200	\$32,201	\$51,520	\$51,521
2	\$17,420	\$21,775	\$26,130	\$34,840	\$43,550	\$43,551	\$69,680	\$69,681
3	\$21,960	\$27,450	\$32,940	\$43,920	\$54,900	\$54,901	\$87,840	\$87,841
4	\$26,500	\$33,125	\$39,750	\$53,000	\$66,250	\$66,251	\$106,000	\$106,001
5	\$31,040	\$38,800	\$46,560	\$62,080	\$77,600	\$77,601	\$124,160	\$124,161
6	\$35,580	\$44,475	\$53,370	\$71,160	\$88,950	\$88,951	\$142,320	\$142,321
7	\$40,120	\$50,150	\$60,180	\$80,240	\$100,300	\$100,301	\$160,480	\$160,481
8	\$44,660	\$55,825	\$66,990	\$89,320	\$111,650	\$111,651	\$178,640	\$178,641
For each add'l person add	\$4,540	\$5,675	\$6,810	\$9,080	\$11,350	\$18,160		N/A
Patient responsibility	None	10% of Out-of-Pocket Costs	20% of Out-of-Pocket Costs	50% of Out-of-Pocket Costs	60% of Out-of-Pocket Costs	75% of Out-of-Pocket Costs		100% of Out-of-Pocket Costs
Percentage over FPL	100% of FPL base	101-125% of FPL base	126-150% of FPL base	151-200% of FPL base	201-250% of FPL base	251-400% of FPL base		Over 400% of FPL

Please note that the figures identified above are samples only; for an exact fee owed, please contact our financial services department at the numbers located in our policy. Please further note that the figures listed above are based upon the current (2021) Federal Poverty levels released by Health and Human Services, and that these figures can be updated by NYPC, without advance notice, at NYPCs discretion.

**There is no asset test for financial assistance.**

**Payment of full amount of Out-of-Pocket Costs is due if income exceeds 400% of the FPL**