

**UNITY HEALTH CARE, INC.  
2019 SLIDING FEE SCHEDULE**

Income Level	Number of People in Family										Discount Rate On Charges
	1	2	3	4	5	6	7	8	9	10	
	Less Than 100% FPL	\$ 12,490	\$ 16,910	\$ 21,330	\$ 25,750	\$ 30,170	\$ 34,590	\$ 39,010	\$ 43,430	\$ 47,850	
Less Than 125% FPL	\$ 15,613	\$ 21,138	\$ 26,663	\$ 32,188	\$ 37,713	\$ 43,238	\$ 48,763	\$ 54,288	\$ 59,813	\$ 65,338	95%
Less Than 150% FPL	\$ 18,735	\$ 25,365	\$ 31,995	\$ 38,625	\$ 45,255	\$ 51,885	\$ 58,515	\$ 65,145	\$ 71,775	\$ 78,405	85%
Less Than 175% FPL	\$ 21,858	\$ 29,593	\$ 37,328	\$ 45,063	\$ 52,798	\$ 60,533	\$ 68,268	\$ 76,003	\$ 83,738	\$ 91,473	75%
Less Than 200% FPL	\$ 24,980	\$ 33,820	\$ 42,660	\$ 51,500	\$ 60,340	\$ 69,180	\$ 78,020	\$ 86,860	\$ 95,700	\$ 104,540	65%

Examples:	Amount of Charge	Family Size	Family Income	Discount	Amount of Patient Pay
Brief Visit-Exist. Patient	\$130.00	4	\$32,000	85%	\$19.50
Interm. Visit-New Patient	\$223.00	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$318.00	1	\$13,000	95%	\$15.90
Nurse Visit	\$61.00	3	\$40,000	65%	\$21.35