

Sliding Fee Scale

It is the policy of La Maestra Family Clinic, Inc. to provide essential health care services regardless of a patient's ability to pay. Discounts are available based upon household income and family size for patients without health insurance and for patients with third-party insurance that does not cover, or only partially covers, fees. The eligibility for discounts is updated at least annually using the Federal Poverty Guidelines (FPG) below. Additional discounts may be available to patients who meet criteria or state or county-funded indigent care programs. Additional discounts are dependent on availability of funds. Patients may apply for a discount at any time.

To apply for eligibility for Sliding Fee Discounts, please fill out the Sliding Fee Application in your new patient registration packet.

2019 Federal Poverty Guidelines

Poverty	100%	133%	150%	200%	300%
1	\$ 12,490	\$ 16,612	\$ 18,735	\$ 24,980	\$ 37,470
2	\$ 16,910	\$ 22,490	\$ 25,365	\$ 33,820	\$ 50,730
3	\$ 21,330	\$ 28,369	\$ 31,995	\$ 42,660	\$ 63,990
4	\$ 25,750	\$ 34,248	\$ 38,625	\$ 51,500	\$ 77,250
5	\$ 30,170	\$ 40,126	\$ 45,255	\$ 60,340	\$ 90,510
6	\$ 34,590	\$ 46,005	\$ 51,885	\$ 69,180	\$ 103,770
7	\$ 39,010	\$ 51,883	\$ 58,515	\$ 78,020	\$ 117,030
8	\$ 43,430	\$ 57,762	\$ 65,145	\$ 86,860	\$ 130,290

* For families/households with more than 8 persons, add \$4,320 for each additional person.