

**Mobile Medical Care, Inc.**  
**SLIDING FEE SCALE**  
Based on 2018 Federal Poverty Guidelines

Family Size	SLIDE A 0-100% of Poverty		SLIDE B 101-150% of Poverty		SLIDE C 151-175% of Poverty		SLIDE D 176-200% of Poverty		SLIDE E Over 200% of Poverty
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above
1	\$0	\$12,140	\$12,141	\$18,210	\$18,211	\$21,245	\$21,246	\$24,280	\$24,281
2	\$0	\$16,460	\$16,461	\$24,690	\$24,691	\$28,805	\$28,806	\$32,920	\$32,921
3	\$0	\$20,780	\$20,781	\$31,170	\$31,171	\$36,365	\$36,366	\$41,560	\$41,561
4	\$0	\$25,100	\$25,101	\$37,650	\$37,651	\$43,925	\$43,926	\$50,200	\$50,201
5	\$0	\$29,420	\$29,421	\$44,130	\$44,131	\$51,485	\$51,486	\$58,840	\$58,841
6	\$0	\$33,740	\$33,741	\$50,610	\$50,611	\$59,045	\$59,046	\$67,480	\$67,481
7	\$0	\$38,060	\$38,061	\$57,090	\$57,091	\$66,605	\$66,606	\$76,120	\$76,121
8	\$0	\$42,380	\$42,381	\$63,570	\$63,571	\$74,165	\$74,166	\$84,760	\$84,761

For each additional person, add: \$4,320

Note: Fee Schedule based on flat fee per visit that includes all services and labs

Patient Fee per Medical Encounter	\$25	\$50	\$75	\$100	100% of Charges
Patient Fee per Medical Encounter (Mont Cares)	\$25	\$40	\$40	\$40	n/a

**Behavioral Health:**

Patient Fee per BH Visit	\$10	\$20	\$30	\$40	100% of Charges
Patient Fee per BH Visit (Mont Cares)	\$10	\$20	\$20	\$20	n/a
Patient Fee per BH Visit if same day as Med Visit	\$0	\$0	\$0	\$0	n/a
Patient Fee per SBIRT (screening, brief intervention, referral to treatment) Visit	\$0	\$0	\$0	\$0	n/a

For homeless patients, fee is \$0 (for medical and behavioral)

**Additional Charges:**

Joint Injections	\$10	\$20	\$20	\$20	100% of Charges
Orthotics	\$10	20% of supply cost	30% of supply cost	40% of supply cost	100% of Charges
LARC (e.g. Nexplanon)	\$10	\$100	\$100	\$100	100% of Charges