

**Mobile Medical Care, Inc.**  
**SLIDING FEE SCALE**  
Based on 2019 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	\$12,490	\$12,491	\$18,735	\$18,736	\$21,858	\$21,859	\$24,980	\$24,981
2	\$0	\$16,910	\$16,911	\$25,365	\$25,366	\$29,593	\$29,594	\$33,820	\$33,821
3	\$0	\$21,330	\$21,331	\$31,995	\$31,996	\$37,328	\$37,329	\$42,660	\$42,661
4	\$0	\$25,750	\$25,751	\$38,625	\$38,626	\$45,063	\$45,064	\$51,500	\$51,501
5	\$0	\$30,170	\$30,171	\$45,255	\$45,256	\$52,798	\$52,799	\$60,340	\$60,341
6	\$0	\$34,590	\$34,591	\$51,885	\$51,886	\$60,533	\$60,534	\$69,180	\$69,181
7	\$0	\$39,010	\$39,011	\$58,515	\$58,516	\$68,268	\$68,269	\$78,020	\$78,021
8	\$0	\$43,430	\$43,431	\$65,145	\$65,146	\$76,003	\$76,004	\$86,860	\$86,861

For each additional person, add: \$4,420

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