



**LA CLÍNICA
DEL PUEBLO**

ESCALA DE DESCUENTO 2024

COSTO DE SERVICIOS Y LISTA DE DESCUENTOS - DE ACUERDO A LA ESCALA DE PAGOS DEL 2024

NIVEL	A	B	C	D	E	F	G	H	INELEGIBLE PARA COBERTURA DE RW ENCIMA DE 500%	
LÍMITE INFERIOR	0%	101%	126%	151%	176%	201%	251%	301%	RW	
LÍMITE SUPERIOR	100%	125%	150%	175%	200%	250%	300%	Y MÁS	LÍMITE	
TAMAÑO DE LA FAMILIA										
1	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$37,650	\$45,180	\$45,181	\$75,301	
2	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$51,100	\$61,320	\$61,321	\$102,201	
3	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$64,550	\$77,460	\$77,461	\$129,101	
4	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$78,000	\$93,600	\$93,601	\$156,001	
5	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$91,450	\$109,740	\$109,741	\$182,901	
6	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$104,900	\$125,880	\$125,881	\$209,801	
7	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$118,350	\$142,020	\$142,021	\$236,701	
8	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$131,800	\$158,160	\$158,161	\$263,601	
9	\$58,100	\$72,625	\$87,150	\$101,675	\$116,200	\$145,250	\$174,300	\$174,301	\$290,501	
10	\$63,480	\$79,350	\$95,220	\$111,090	\$126,960	\$158,700	\$190,440	\$190,441	\$317,401	
SERVICIOS MÉDICOS*	\$0	\$10	\$15	\$20	\$25	PAGO TOTAL \$30	PAGO TOTAL \$30	PAGO TOTAL \$30	PAGO TOTAL PAGO TOTAL	GENERAL RYAN WHITE TITLE X
SERVICIOS DE SALUD MENTAL Y USO DE SUSTANCIAS**	\$0	\$5	\$8	\$10	\$15	PAGO TOTAL PAGO TOTAL \$20	PAGO TOTAL PAGO TOTAL \$20	PAGO TOTAL PAGO TOTAL \$30	PAGO TOTAL PAGO TOTAL	INDIVIDUO GRUPO*** RYAN WHITE

2024 ÍNDICE FEDERAL DE POBREZA DE LOS 48 ESTADOS Y EL DISTRITO DE COLUMBIA

TAMAÑO DE LA FAMILIA	1	2	3	4	5	6	7	8
2024 INDICE FED. DE POBREZA	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720
PARA FAMILIAS CON MÁS DE 8 PERSONAS, AÑADIR	\$5,380							

*Los cobros de los servicios médicos son aplicables para las visitas con un proveedor médico y citas para vacunas (no se aplica a vacunas de COVID o pruebas de tuberculosis PPD)

** Los servicios de salud mental se aplican a las visitas individuales y grupales con proveedores de salud mental y uso de sustancias

***Las familias pueden solicitar una aplicación que les permita absolver los pagos de grupo para niños, para telesalud mental o servicios ofrecidos en Northwestern High School



SLIDING FEE SCALE AND SCHEDULE OF DISCOUNTS 2024

COST OF SERVICES AND DISCOUNTS - ACCORDING TO THE SLIDING FEE SCALE 2024

LEVEL	A	B	C	D	E	F	G	H	NOT ELIGIBLE FOR RW COVERAGE OVER 500%	
LOWER LIMIT	0%	101%	126%	151%	176%	201%	251%	301%	RW	
UPPER LIMIT	100%	125%	150%	175%	200%	250%	300%	AND OVER	THRESHOLD	
FAMILY SIZE										
1	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$37,650	\$45,180	\$45,181	\$75,301	
2	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$51,100	\$61,320	\$61,321	\$102,201	
3	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$64,550	\$77,460	\$77,461	\$129,101	
4	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$78,000	\$93,600	\$93,601	\$156,001	
5	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$91,450	\$109,740	\$109,741	\$182,901	
6	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$104,900	\$125,880	\$125,881	\$209,801	
7	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$118,350	\$142,020	\$142,021	\$236,701	
8	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$131,800	\$158,160	\$158,161	\$263,601	
9	\$58,100	\$72,625	\$87,150	\$101,675	\$116,200	\$145,250	\$174,300	\$174,301	\$290,501	
10	\$63,480	\$79,350	\$95,220	\$111,090	\$126,960	\$158,700	\$190,440	\$190,441	\$317,401	
MEDICAL SERVICES*	\$0	\$10	\$15	\$20	\$25	FULL FEE	FULL FEE	FULL FEE	FULL FEE	GENERAL RYAN WHITE TITLE X
						\$30	\$30	\$30	FULL FEE	
						\$30	\$30	FULL FEE	FULL FEE	
MENTAL HEALTH AND SUBSTANCE USE SERVICES**	\$0	\$5	\$8	\$10	\$15	FULL FEE	FULL FEE	FULL FEE	FULL FEE	INDIVIDUAL GROUP*** RYAN WHITE
						FULL FEE	FULL FEE	FULL FEE	FULL FEE	
						\$20	\$20	\$30	FULL FEE	

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY OR HOUSEHOLD	1	2	3	4	5	6	7	8
2024 POVERTY GUIDELINE	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720

FOR FAMILIES WITH MORE THAN 8 PERSONS, ADD \$5,380

*Medical Services Fees are applied to office visits with clinician and immunizations (not PPD, or COVID vaccines) only
 ** Mental Health and Substance Use services are applied to individual and group visits with mental health or substance use providers only
 ***Patients may apply for waivers on child group visits, telehealth visits or for services rendered at Northwestern High School