

Family Practice Group, P.A. dba
InterMountain Medical Clinic
Sliding Fee Schedule for Medical Services
 Effective February 2019
Annual Income Thresholds

FPL	< 100%	101%-150%	151%-200%	176-200%	> 251%
Family Size	Nominal Fee \$20	25% of charge	50% of charge	75% of charge	100% (full fee)
1	\$0-\$12,490	\$12,491-\$18,735	\$18,736-\$21,858	\$21,858-\$24,980	\$24,981
2	\$0-\$16,910	\$16,911-\$25,365	\$25,366-\$29,592	\$29,594-\$33,820	\$33,821
3	\$0-\$21,330	\$21,331-\$31,995	\$31,996-\$37,328	\$37,328-\$42,660	\$42,661
4	\$0-\$25,750	\$25,751-\$38,625	\$38,626-\$45,064	\$45,064-\$51,500	\$51,501
5	\$0-\$30,170	\$30,171-\$45,255	\$45,256-\$52,798	\$52,798-\$60,340	\$60,341
6	\$0-\$34,590	\$34,591-\$51,885	\$51,886-\$60,532	\$60,534-\$69,180	\$69,181
7	\$0-\$39,010	\$39,011-\$58,515	\$58,516-\$68,268	\$68,268-\$78,020	\$78,021
8	\$0-\$43,430	\$43,431-\$65,145	\$65,146-\$76,002	\$76,004-\$86,860	\$86,861

For family size over eight (8), add \$4,420 for each additional member

~Nominal Fee: \$20.00 per office visit

Procedures are in place to help patients who are below 100% of the Federal Poverty Level and cannot afford the nominal fee.