



ALABAMA REGIONAL MEDICAL SERVICES

Welcoming you with open ARMS

2024 MEDICAL SERVICES SLIDING FEE SCHEDULE

Based on 2024 Federal Poverty Guidelines						
Discount	100%	80%	70%	60%	50%	No Discount
Poverty Level	A	B	C	D	E	F
1	0- \$15,060	\$15,061 - \$18,825	\$18,826 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,119	\$30,120
2	0- \$20,440	\$20,441 - \$25,550	\$25,551 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,879	\$40,880
3	0- \$25,820	\$25,821 - \$32,275	\$32,276 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,639	\$51,640
4	0- \$31,200	\$31,201 - \$39,000	\$39,001 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,399	\$62,400
5	0- \$36,580	\$36,581 - \$45,725	\$45,726 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,159	\$73,160
6	0- \$41,960	\$41,961 - \$52,450	\$52,451 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,919	\$83,920
7	0- \$47,340	\$47,341 - \$59,175	\$59,176 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,679	\$94,680
8	0- \$52,720	\$52,721 - \$65,900	\$65,901 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,439	\$105,440
Each additional person, add	\$5,380.00	\$6,725.00	\$8,070.00	\$9,415.00	\$10,760	\$10,760

Nominal /Minimum Fee Medical	\$35	\$40	\$45	\$50	\$55	\$85
Nominal /Minimum Fee BH (Counselor)	\$5	\$10	\$15	\$20	\$25	\$85
Nominal/Minimum Fee OB Plan	\$550	\$750	\$950	\$1,150	\$1,350	No Discount

Nominal/Minimum fee only covers your office visit.

X-rays, Shots, Supplies, prescriptions and equipment are not covered under the nominal/minimum fee

Any balance due after office visit will be billed.

Sliding fee schedule is offered depending upon family size and income.

This practice serves all patients regardless of inability to pay.

Approved by Board of Directors: 02/15/2024