



LAMPREY HEALTH CARE

Lamprey Health Care Sliding Fee Scale discount guidelines 3/1/2022

<i>Annual Income:</i>	\$15.00 Fee		\$25.00 Fee		\$50.00 Fee		\$60.00 Fee	
Family Size:	From:	To:	From:	To:	From:	To:	From:	To:
1	\$ -	\$ 13,590.00	\$ 13,590.01	\$ 18,346.50	\$ 18,346.51	\$ 25,141.50	\$ 25,141.51	\$ 27,180.00
2	\$ -	\$ 18,310.00	\$ 18,310.01	\$ 24,718.50	\$ 24,718.51	\$ 33,873.50	\$ 33,873.51	\$ 36,620.00
3	\$ -	\$ 23,030.00	\$ 23,030.01	\$ 31,090.50	\$ 31,090.51	\$ 42,605.50	\$ 42,605.51	\$ 46,060.00
4	\$ -	\$ 27,750.00	\$ 27,750.01	\$ 37,462.50	\$ 37,462.51	\$ 51,337.50	\$ 51,337.51	\$ 55,500.00
5	\$ -	\$ 32,470.00	\$ 32,470.01	\$ 43,834.50	\$ 43,834.51	\$ 60,069.50	\$ 60,069.51	\$ 64,940.00
6	\$ -	\$ 37,190.00	\$ 37,190.01	\$ 50,206.50	\$ 50,206.51	\$ 68,801.50	\$ 68,801.51	\$ 74,380.00
7	\$ -	\$ 41,910.00	\$ 41,910.01	\$ 56,578.50	\$ 56,578.51	\$ 77,533.50	\$ 77,533.51	\$ 83,820.00
8	\$ -	\$ 46,630.00	\$ 46,630.01	\$ 62,950.50	\$ 62,950.51	\$ 86,265.50	\$ 86,265.51	\$ 93,260.00
Additional family member over 8	0							
Nominal Fee Per Visit		\$15		\$25		\$50		\$60

Family Planning only services March 2022- Nashua only

Over 200% of FPL

<i>Annual Income:</i>	100% Federal Poverty Level (FPL)	Greater Than 200% and Less Than or Equal to 250% of FPL		Greater than 250% of FPL Full fee
Family Size:		From	To	251%
1	\$ 13,590	\$ 27,180.01	\$ 33,975.0	\$ 33,975.01
2	\$ 18,310	\$ 36,620.01	\$ 45,775.0	\$ 45,775.01
3	\$ 23,030	\$ 46,060.01	\$ 57,575.0	\$ 57,575.01
4	\$ 27,750	\$ 55,500.01	\$ 69,375.0	\$ 69,375.01
5	\$ 32,470	\$ 64,940.01	\$ 81,175.0	\$ 81,175.01
6	\$ 37,190	\$ 74,380.01	\$ 92,975.0	\$ 92,975.01
7	\$ 41,910	\$ 83,820.01	\$ 104,775.0	\$ 104,775.01
8	\$ 46,630	\$ 93,260.01	\$ 116,575.0	\$ 116,575.01
Additional family member		over 8	\$4,720	

If you believe your income and family size may qualify you for coverage under our Sliding Fee Discount Program, please see a Patient Service Representative (PSR) or a Financial Assistance Counselor for an application.