

**EAST JORDAN FAMILY HEALTH CENTER  
BASED ON FAMILY INCOME AND SIZE**

Family Size	Steps on the Sliding Fee Scale by Income Range \$					No Discount
	\$10.00 Office Copay	\$15.00 Office Copay	\$20.00 Office Copay	\$25.00 Office Copay	\$30.00 Office Copay	
1	0-11,880	11,881-14,850	14,851-17,820	17,821-20,790	20,791-23,760	23,761+
2	0-16,020	16,021-20,025	20,026-24,030	24,031-28,035	28,036-32,040	32,041+
3	0-20,160	20,161-25,200	25,201-30,240	30,241-35,280	35,281-40,320	40,321+
4	0-24,300	24,301-30,375	30,376-36,450	36,451-42,525	42,526-48,600	48,601+
5	0-28,440	28,441-35,550	35,551-42,660	42,661-49,770	49,771-56,880	56,881+
6	0-32,580	32,581-40,725	40,726-48,870	48,871-57,015	57,016-65,160	65,161+
7	0-36,730	36,731-45,913	45,914-55,095	55,096-64,278	64,279-73,460	73,461+
8	0-40,890	40,891-51,113	51,114-61,335	61,336-71,558	71,559-81,780	81,781+

Add \$4,160 for each additional family member

**Pharmacy** – For your prescriptions, discount rates available at **East Jordan Family Pharmacy**, located at 601 Bridge St, East Jordan.

**Eye examinations** provided by Dr. Voci in the Health Center **MAY** also be discounted **when authorized by Health Center**.  
(Glasses not included). Free eye exam and glasses for any child under 19 who qualify.

**Patient Payment required at time of service. Your account must be in good standing in order for you to receive full sliding fee benefits.**

Based on revised Federal Poverty Guidelines (Federal Register, Vol. 81, No. 15, January 25, 2016, pp 4036-4037)