



HealthWorks for Northern Virginia
Your Community Health Center

Sliding Fee Discount Schedule 2024 Health & Human Services Poverty Guidelines

% of Federal Poverty Income Guidelines	0-100% FPL	100.01-125% FPL	125.01-150% FPL	150.01-200% FPL	Over 200% FPL	
Family Size	Maximum Annual Income	Maximum Annual Income	Maximum Annual Income	Maximum Annual Income	Annual Income	
1	\$15,060	\$18,825	\$22,590	\$30,120	\$30,121	
2	\$20,440	\$25,550	\$30,660	\$40,880	\$40,881	
3	\$25,820	\$32,275	\$38,730	\$51,640	\$51,641	
4	\$31,200	\$39,000	\$46,800	\$62,400	\$62,401	
5	\$36,580	\$45,725	\$54,870	\$73,160	\$73,161	
6	\$41,960	\$52,450	\$62,940	\$83,920	\$83,921	
7	\$47,340	\$59,175	\$71,010	\$94,680	\$94,681	
8	\$52,720	\$65,900	\$79,080	\$105,440	\$105,441	
Each additional family member	\$5,380	\$6,725	\$8,070	\$10,760	\$10,760	
Slide	Federal Poverty Level	Medical/Psychiatry Discounted Fee	Dental Discounted Fee	Behavioral Health Discounted Fee		
A	0 – 100%	\$35	\$55	\$15		
B	>100.01 – 125%	\$45	\$75	\$20		
C	125.01 – 150%	\$55	\$85	\$25		
D	150.01 – 200%	\$65	\$95	\$30		
E	Over 200%	Patient pays in full or \$200, whichever is less	Patient pays in full	\$100		
Radiology		A	B	C	D	E
Screening Mammogram		\$85	\$90	\$95	\$100	\$122
Diagnostic Mammogram		\$100	\$105	\$110	\$115	\$133
Ultrasounds		\$85	\$90	\$95	\$100	\$111

Dental Nominal Fee Slide A is \$55 for each visit.

Medical (Primary Care) Nominal Fee Slide A is \$35.

Psychiatry is billable at the above Medical Discounted Fee rate.

Behavioral Health includes services of Behavior Health Counselors and LCSWs.

Slide E Patients: For Medical, Dental and Psychiatric; Office Visit \$130 due at DOS and remainder will be bill based on agency financial policies and procedures.

Slide E Patients: For Behavioral Services; Office Visit \$30 due at DOS and remainder will be bill based on agency financial policies and procedures.

Quality Healthcare for All