

# JAI MEDICAL CENTER

## Sliding Fee Schedule & Income Chart

Effective January 17, 2024

It is the policy of Jai Medical Center to provide essential primary care medical services regardless of a person's ability to pay. Jai Medical Center offers discounts based upon a person's household income and family size. Listed below is the sliding fee schedule and income chart for Jai Medical Center. Please note that the chart is only for **Total Gross Family** earnings and that nothing is to be subtracted from the total. All clients wishing to participate in the program must supply proof of earnings by submitting two recent pay stubs. In addition, a photo ID and verification of social security number are required. If the interested client is unemployed and currently living with someone and/or in transitional housing, a **Verification of Assistance from Others Form** must be completed by the caretaker and provided to Jai Medical Center.

Patients who demonstrate an inability to pay will receive their office visit for free as long as the patient completes an application to the Maryland HealthChoice Program or the Maryland Children's Health Insurance Program (MCHIP). If the application process is delayed or the patient is rejected by the program to which they have applied, the patient may continue to be seen by Jai Medical Center on a sliding fee basis based on their income. We will ask you to provide proof of your income once a year.

**Patients 19 and over should apply for the Maryland HealthChoice Program.  
Patients 18 and under should apply for the Maryland Children's Health Insurance Program (MCHIP) to qualify for Jai Medical Center's Sliding Fee Program.**

Family Unit Size	Annual Income Threshold			
	Based on Federal Poverty Levels			
	100%	150%	175%	200%
1	\$0 - \$15,060	\$15,061 - \$22,590	\$22,591 - \$26,355	\$26,355 - \$30,120
2	\$0 - \$20,440	\$20,441 - \$30,600	\$30,601 - \$35,770	\$35,770 - \$40,800
3	\$0 - \$25,820	\$25,821 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640
4	\$0 - \$31,200	\$31,201 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400
5	\$0 - \$36,580	\$36,581 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160
6	\$0 - \$41,960	\$41,961 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920
7	\$0 - \$47,340	\$47,341 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680
8	\$0 - \$52,720	\$52,721 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440
Amount of Payment	First Visit = \$10.00 Second Visit = \$5.00	First Visit = \$60.00 Second Visit = \$50.00	First Visit = \$70.00 Second Visit = \$60.00	First Visit = \$90.00 Second Visit = \$80.00
<i>Percentages based on usual and customary charges</i>				

**Notice:** *The Sliding Fee Schedule applies to the office visit, which includes medically necessary shots, medically necessary basic lab work, and medically necessary x-rays performed at Jai Medical Center.*

Jai Medical Center does not discriminate on the basis of race, color, sex, national origin, disability, or religion.

Jai Medical Center proudly accepts patients covered by Medicaid, Medicare, and/or State and Federal public medical assistance programs.