

Baltimore Medical System
Sliding Fee Schedule
Based on 2018 Federal Poverty Level Guidelines
Published in the 01/18/18 Federal Register

		A		B		C		D	
		Poverty Level 0 to 100%		Poverty Level 101-125%		Poverty Level 126-150%		Poverty Level 151-175%	
		Nominal Charge \$25.00		Discounted Fee \$35.00		Discounted Fee \$50.00		Discounted Fee \$60.00	
		Pharmacy	Cost + \$10.00	Pharmacy	Cost + \$11.00	Pharmacy	Cost + \$12.00	Pharmacy	Cost + \$13.00
		From	To	From	To	From	To	From	To
FAMILY SIZE	1	0	12,140	12,141	15,175	15,176	18,210	18,211	21,245
	2	0	16,460	16,461	20,575	20,576	24,690	24,691	28,805
	3	0	20,780	20,781	25,975	25,976	31,170	31,171	36,365
	4	0	25,100	25,101	31,375	31,376	37,650	37,651	43,925
	5	0	29,420	29,421	36,775	36,776	44,130	44,131	51,485
	6	0	33,740	33,741	42,175	42,176	50,610	50,611	59,045
	7	0	38,060	38,061	47,575	47,576	57,090	57,091	66,605
	8	0	42,380	42,381	52,975	52,976	63,570	63,571	74,165
For each additional person, add		\$4,320		\$5,400		\$6,480		\$7,560	

		E		SELF PAY - NO DISCOUNT	
		Poverty Level 176- 200%		Poverty Level Over 200%	
		Discounted Fee \$75.00		New Patient	\$243.00
		Pharmacy	Cost + \$14.00	Follow up	\$158.00
		From	To	From	To
FAMILY SIZE	1	21,246	24,280	24,281	N/A
	2	28,806	32,920	32,921	N/A
	3	36,366	41,560	41,561	N/A
	4	43,926	50,200	50,201	N/A
	5	51,486	58,840	58,841	N/A
	6	59,046	67,480	67,481	N/A
	7	66,606	76,120	76,121	N/A
	8	74,166	84,760	84,761	N/A
For each additional person, add		\$8,640		\$8,640	

SELF PAY Over 200% Poverty Level

Source: 175% of the CMS allowable for Locality 1230201. <https://www.cms.gov/apps/physician-fee-schedule>