

Si usted no tiene seguro médico o tiene cubierta médica limitada, usted puede ser evaluado en nuestro centro bajo el Programa de Descuento Escalonado. La escala de descuento está basada en el componente familiar y los ingresos. Pregunte sobre este programa al personal de HPM.

If you do not have health insurance or have limited health coverage, you can be evaluated at our center under the Sliding Fee Discount Program. The discount scale is based on the family component and income level. Ask HPM's staff about this program.



HEALTHPROMED FOUNDATION, INC.

Tabla de Descuentos Escalonados

(Sliding Fee Discount Scale)

Basado en el Nivel de Pobreza Correspondiente al año 2024

(Based on 2024 Poverty Guideline)

Notice by: Health and Human Services Department (HHS) on 01/27/2024

Componente Familiar (Family Size)	Nivel de Pobreza (Poverty Level)											
	100%		101-125%		126-150%		151-175%		176-200%		201% >	
	Responsabilidad del Paciente (Patients Responsibility)											
	PAGO NOMINAL (NOMINAL FEE) \$2.00		Paga (Paid) 20%		Paga (Paid) 40%		Paga (Paid) 60%		Paga (Paid) 80%		Paga (Paid) 100%	
Desde (From)	Hasta (To)	Desde (From)	Hasta (To)	Desde (From)	Hasta (To)	Desde (From)	Hasta (To)	Desde (From)	Hasta (To)	Desde (From)	Hasta (To)	
1	\$0.00	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	\$999,999
2	\$0.00	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	\$999,999
3	\$0.00	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	\$999,999
4	\$0.00	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	\$999,999
5	\$0.00	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	\$999,999
6	\$0.00	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	\$999,999
7	\$0.00	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	\$999,999
8	\$0.00	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	\$999,999
Por cada persona adicional (For each additional person, add)		\$5,380		\$6,939.00		\$7,196.00		\$7,453.00		\$7,710.00		
Farmacia	Costo Medicamento (340B) + \$1.00 (por receta)		Costo Medicamento (340B) + \$2.00 (por receta)		Costo Medicamento (340B) + \$3.00 (por receta)		Costo Medicamento (340B) + \$4.00 (por receta)		Costo Medicamento (340B) + \$5.00 (por receta)		Aplicar ACP (\$7.50 + Actual Cost Price)	

La escala de descuento a aplicar depende del número de miembros de su familia e ingresos.

Sliding Fee is offered depending upon household size and income.

Toda persona relacionada o no relacionada viviendo en el mismo hogar son contadas como un miembro de la familiar si los arreglos son permanentes.

All related or unrelated persons who are living together in the same home are counted as one household if the arrangement are permanent.

Esta organización sirve a todos los pacientes a pesar de su capacidad de pago.

This organization serves all patients regardless of ability to pay.