

First Choice Health Centers, Inc.

2023 Federal Poverty Guidelines

	A (Nominal Charge)		B		C		D		E
Medical Visits		\$20.00		\$30.00		\$40.00		\$50.00	Full Fee
BH		\$10.00		\$20.00		\$30.00		\$40.00	Full Fee
Dental		\$25.00		\$35.00		\$45.00		\$55.00	Full Fee
Telehealth		\$7.00		\$15.00		\$20.00		\$30.00	Full Fee
Telephonic		\$5.00		\$10.00		\$15.00		\$20.00	Full Fee

Percentage of Poverty Level

Household Size	A 0% to 100%		B 101%-134%		C 135%-167%		D 168%-200%		E 201%+
1	-	14,580	14,581	19,537	19,538	24,349	24,350	29,160	29,161
2	-	19,720	19,721	26,425	26,426	32,932	32,933	39,440	39,441
3	-	24,860	24,861	33,312	33,313	41,516	41,517	49,720	49,721
4	-	30,000	30,001	40,200	40,201	50,100	50,101	60,000	60,001
5	-	35,140	35,141	47,088	47,089	58,684	58,685	70,280	70,281
6	-	40,280	40,281	53,975	53,976	67,268	67,269	80,560	80,561
7	-	45,420	45,421	60,863	60,864	75,851	75,852	90,840	90,841
8	-	50,560	50,561	67,750	67,751	84,435	84,436	101,120	101,121

For families/households with more than 8 persons, add \$5,140 for each additional person.

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