

**First Choice Health Centers, Inc.**

2024 Federal Poverty Guidelines									
	A (Nominal Charge)		B		C		D		E
Medical Visits		\$25.00		\$35.00		\$45.00		\$55.00	Full Fee
BH		\$15.00		\$25.00		\$35.00		\$45.00	Full Fee
Dental		\$30.00		\$40.00		\$50.00		\$60.00	Full Fee
Telehealth		\$15.00		\$25.00		\$35.00		\$45.00	Full Fee
Telephonic		\$15.00		\$25.00		\$35.00		\$45.00	Full Fee

Percentage of Poverty Level									
Household Size	A 0% to 100%		B 101%-134%		C 135%-167%		D 168%-200%		E 201%+
1	-	15,060	15,061	20,180	20,181	25,150	25,151	30,120	30,121
2	-	20,440	20,441	27,390	27,391	34,135	34,136	40,880	40,881
3	-	25,820	25,821	34,599	34,600	43,119	43,120	51,640	51,641
4	-	31,200	31,201	41,808	41,809	52,104	52,105	62,400	62,401
5	-	36,580	36,581	49,017	49,018	61,089	61,090	73,160	73,161
6	-	41,960	41,961	56,226	56,227	70,073	70,074	83,920	83,921
7	-	47,340	47,341	63,436	63,437	79,058	79,059	94,680	94,681
8	-	52,720	52,721	70,645	70,646	88,042	88,043	105,440	105,441

For families/households with more than 8 persons, add \$5,380 for each additional person.

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