

**Damar Services, Inc- Damar Health Services**

**2024 Sliding Fee Discount Scale** (Based on 2024 Federal Poverty Guideline)

	Level A (0-100%)	Level B (101-150%)	Level C (151-175%)	Level D (176-200%)	Full Charge- Level E (200% +)
<b>Family Size</b>					
1	0-\$15,060	\$15,061-\$22,590	\$22,591-\$26,355	\$26,356-\$30,120	\$30,121 and over
2	0-\$20,440	\$20,441-\$29,580	\$29,581-\$35,770	\$35,771-\$40,880	\$40,881 and over
3	0-\$25,820	\$25,821-\$37,290	\$37,291-\$45,185	\$45,186-\$51,640	\$51,641 and over
4	0-\$31,200	\$31,201-\$45,000	\$45,001-\$54,600	\$54,601-\$62,400	\$62,401 and over
5	0-\$36,580	\$36,581-\$52,710	\$52,711-\$64,015	\$64,016-\$73,160	\$73,161 and over
6	0-\$41,960	\$41,961-\$60,420	\$60,420-\$73,430	\$73,431-\$83,920	\$83,921 and over
7	0-\$47,340	\$47,341-\$68,130	\$68,131-\$82,845	\$82,846-\$94,680	\$94,681 and over
8	0-\$52,720	\$52,721-\$75,840	\$75,841-\$92,260	\$92,261-\$105,440	\$105,441 and over
For each additional person, add	\$5,140.00	\$7,710.00	\$9,509.00	\$10,280.00	
<b>Medical and Behavioral Health Services</b>					
Nominal Fee:	\$20.00	\$30.00	\$40.00	\$50.00	100% of Full Charge