

**Sliding Fee Scale Discount Table - 2015
Cancer and Therapeutic Infusion Services (ALL Sites)**

		Nominal fee	101-150% of FPL		151-250% of FPL		251-400 % of FPL MAX		Over 400% FPL NO MAX
Family size		Level 1 Maximum income limit	Level 2 Maximum income limit	Level 3 Maximum income limit	Level 4 maximum income limit	Level 5 maximum income range	Sliding fee level 6 income range		Sliding fee scale Level 7 Minimum income range
1		\$11,770	\$14,713	\$17,655	\$23,540	\$29,425	\$29,426	\$47,080	\$47,081
2		\$15,930	\$19,913	\$23,895	\$31,860	\$39,825	\$39,826	\$63,720	\$63,721
3		\$20,090	\$25,113	\$30,135	\$40,180	\$50,225	\$50,226	\$80,360	\$80,361
4		\$24,250	\$30,313	\$36,375	\$48,500	\$60,625	\$60,626	\$97,000	\$97,001
5		\$28,410	\$35,513	\$42,615	\$56,820	\$71,025	\$71,026	\$113,640	\$113,641
6		\$32,570	\$40,713	\$48,855	\$65,140	\$81,425	\$81,426	\$130,280	\$130,281
7		\$36,730	\$45,913	\$55,095	\$73,460	\$91,825	\$91,826	\$146,920	\$146,921
8		\$40,890	\$51,113	\$61,335	\$81,780	\$102,225	\$102,226	\$163,560	\$163,561
For each addtl person add		\$4,160	\$5,200	\$6,240	\$8,320	\$10,400	\$16,640		N/A
Rates:		Nominal Fee	10%	20%	50%	60%	75%		100%
Hospital Technical Clinic Charge (Office visit)		\$10.00	\$18.00	\$36.00	\$90.00	\$108.00	\$135.00		\$180.00
Services by description or CPT/HCPCS code	Treatment Visits (IV Therapy, Transfusion, Chemotherapy)	5% of lvl 7	10% of lvl 7	20% of lvl 7	50% of lvl 7	60% of lvl 7	75% of lvl 7		lessor of Adjusted Medicare APC rate or charges
	Lab only visit	5% of lvl 7	10% of lvl 7	20% of lvl 7	50% of lvl 7	60% of lvl 7	75% of lvl 7		100% of Medicare fee schedule
	Blood Products	5% of lvl 7	10% of lvl 7	20% of lvl 7	50% of lvl 7	60% of lvl 7	75% of lvl 7		100% of Medicare APC
	Pharmacy	5% of lvl 7	10% of lvl 7	20% of lvl 7	50% of lvl 7	60% of lvl 7	75% of lvl 8		100% of Medicare APC
	G0202	\$5.81	\$11.62	\$23.23	\$58.08	\$69.69	\$87.11		\$116.15
	G0204	\$7.02	\$14.04	\$28.07	\$70.18	\$84.21	\$105.26		\$140.35
	G0206	\$5.49	\$10.99	\$21.98	\$54.95	\$65.93	\$82.42		\$109.89
	77051	\$0.42	\$0.85	\$1.69	\$4.24	\$5.08	\$6.35		\$8.47
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76645	5% of lvl 7	10% of lvl 7	20% of lvl 7	50% of lvl 7	60% of lvl 7	75% of lvl 7		100% of Medicare APC	
Bone Marrow Biopsy, Surgical/Interventional Proc.		\$100 or 5% of lvl 7 (lesser of the two)	10% of lvl 7	20% of lvl 7	50% of lvl 7	60% of lvl 7	75% of lvl 7		100% of Medicare APC
		100% of FPL base	101-125% of FPL base	126-150% of FPL base	151-200% of FPL base	201-250% of FPL base	251-400% of FPL base		Over 401% of FPL

In accordance with State Law, There is NO nominal fee for OB and Pediatric Level one eligible patients

New York State Surcharge of 9.63% is INCLUDED in the above amounts listed (Percentage based amounts will require the surcharge to be added) as part of the Hospital Technical Charge