

**MONTICELLO MEDICAL ASSOCIATES
1 S CREEK DR. STE 102
MONTICELLO KY 42633**

SLIDING FEE DISCOUNT SCALE BASED ON 2026 FEDERAL POVERTY INCOME GUIDELINES

(EFFECTIVE 02-01-2026)

FAMILY SIZE	INCOME MEASURE	CATEGORY 0	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
% OF FEDERAL POVERTY INCOME GUIDELINES		100%	100.01% - 149.99%	150% - 174.99%	175% - 200%	>200%
Nominal Charge - MEDICAL		\$10	\$20	\$30	\$40	Pays 100% of Charges
1	Annual	\$0 - \$ 15,960	\$ 15,961 - \$ 23,938	\$ 23,939 - \$ 27,928	\$ 27,929 - \$ 31,920	\$ 31,921 & up
2	Annual	\$0 - \$ 21,640	\$ 21,641 - \$ 32,457	\$ 32,458 - \$ 37,867	\$ 37,868 - \$ 43,280	\$ 43,281 & up
3	Annual	\$0 - \$ 27,320	\$ 27,321 - \$ 40,977	\$ 40,978 - \$ 47,807	\$ 47,808 - \$ 54,640	\$ 54,641 & up
4	Annual	\$0 - \$ 33,000	\$ 33,001 - \$ 49,496	\$ 49,497 - \$ 57,746	\$ 57,747 - \$ 66,000	\$ 66,001 & up
5	Annual	\$0 - \$ 38,680	\$ 38,681 - \$ 58,016	\$ 58,017 - \$ 67,686	\$ 67,687 - \$ 77,360	\$ 77,361 & up
6	Annual	\$0 - \$ 44,360	\$ 44,361 - \$ 66,535	\$ 66,536 - \$ 77,625	\$ 77,626 - \$ 88,720	\$ 88,721 & up
7	Annual	\$0 - \$ 50,040	\$ 50,041 - \$ 75,054	\$ 75,055 - \$ 87,564	\$ 87,565 - \$ 100,080	\$ 100,081 & up
8	Annual	\$0 - \$ 55,720	\$ 55,721 - \$ 83,574	\$ 83,575 - \$ 97,504	\$ 97,505 - \$ 111,440	\$ 111,441 & up
*EACH ADDITIONAL FAMILY MEMBER		ADD \$5,680 ANNUALLY				

This policy / fee schedule shall be reviewed and updated periodically consistent with the requirements established by the Board of Directors, Monticello Medical Associates Management, Federal, State Laws and Regulations, and applicable accrediting and review organizations.

REVISED 01/21/2026 KDT