

**2024 HEALTH AND HUMAN SERVICES COMMISSION
Local Authority Monthly Ability to Pay Fee Schedule**

40 TAC, Section 2.106
25 TAC, Section 412.106

Maximum Monthly Fee By Family Size

Effective March 1, 2024

Annual Gross Income	Monthly Gross Income	1	2	3	4	5	6	7	8	9+	% monthly income family size 1
15,060	1,255	0	0	0	0	0	0	0	0	0	
22,590	1,883	47	0	0	0	0	0	0	0	0	2.50%
25,280	2,107	56	0	0	0	0	0	0	0	0	2.66%
27,970	2,331	66	0	0	0	0	0	0	0	0	2.82%
30,660	2,555	76	47	0	0	0	0	0	0	0	2.98%
33,350	2,779	87	56	0	0	0	0	0	0	0	3.14%
36,040	3,003	99	66	0	0	0	0	0	0	0	3.30%
38,730	3,228	112	76	47	0	0	0	0	0	0	3.46%
41,420	3,452	125	87	56	0	0	0	0	0	0	3.62%
44,110	3,676	139	99	66	0	0	0	0	0	0	3.78%
46,800	3,900	154	112	76	47	0	0	0	0	0	3.94%
49,490	4,124	169	125	87	56	0	0	0	0	0	4.10%
52,180	4,348	185	139	99	66	0	0	0	0	0	4.26%
54,870	4,573	202	154	112	76	47	0	0	0	0	4.42%
57,560	4,797	220	169	125	87	56	0	0	0	0	4.58%
60,250	5,021	238	185	139	99	66	0	0	0	0	4.74%
62,940	5,245	257	202	154	112	76	47	0	0	0	4.90%
65,630	5,469	277	220	169	125	87	56	0	0	0	5.06%
68,320	5,693	297	238	185	139	99	66	0	0	0	5.22%
71,010	5,918	318	257	202	154	112	76	47	0	0	5.38%
73,700	6,142	340	277	220	169	125	87	56	0	0	5.54%
76,390	6,366	363	297	238	185	139	99	66	0	0	5.70%
79,080	6,590	386	318	257	202	154	112	76	47	0	5.86%
81,770	6,814	410	340	277	220	169	125	87	56	0	6.02%
84,460	7,038	435	363	297	238	185	139	99	66	0	6.18%
87,150	7,263	460	386	318	257	202	154	112	76	47	6.34%
89,840	7,487	487	410	340	277	220	169	125	87	56	6.50%
92,530	7,711	514	435	363	297	238	185	139	99	66	6.66%
95,220	7,935	541	460	386	318	257	202	154	112	76	6.82%
97,910	8,159	570	487	410	340	277	220	169	125	87	6.98%
100,600	8,383	599	514	435	363	297	238	185	139	99	7.14%
103,290	8,608	628	541	460	386	318	257	202	154	112	7.30%
105,980	8,832	659	570	487	410	340	277	220	169	125	7.46%
108,670	9,056	690	599	514	435	363	297	238	185	139	7.62%
111,360	9,280	722	628	541	460	386	318	257	202	154	7.78%
114,050	9,504	755	659	570	487	410	340	277	220	169	7.94%
116,740	9,728	788	690	599	514	435	363	297	238	185	8.10%
119,430	9,953	822	722	628	541	460	386	318	257	202	8.26%
122,120	10,177	857	755	659	570	487	410	340	277	220	8.42%
124,810	10,401	892	788	690	599	514	435	363	297	238	8.58%
127,500	10,625	929	822	722	628	541	460	386	318	257	8.74%
130,190	10,849	966	857	755	659	570	487	410	340	277	8.90%
132,880	11,073	1,003	892	788	690	599	514	435	363	297	9.06%
135,570	11,298	1,042	929	822	722	628	541	460	386	318	9.22%
138,260	11,522	1,081	966	857	755	659	570	487	410	340	9.38%
140,950	11,746	1,121	1,003	892	788	690	599	514	435	363	9.54%
143,640	11,970	1,161	1,042	929	822	722	628	541	460	386	9.70%
146,330	12,194	1,202	1,081	966	857	755	659	570	487	410	9.86%
149,020	12,418	1,244	1,121	1,003	892	788	690	599	514	435	10.02%
151,710	12,643	1,287	1,161	1,042	929	822	722	628	541	460	10.18%
154,400	12,867	1,330	1,202	1,081	966	857	755	659	570	487	10.34%
157,090	13,091	1,375	1,244	1,121	1,003	892	788	690	599	514	10.50%
159,780	13,315	1,419	1,287	1,161	1,042	929	822	722	628	541	10.66%
162,470	13,539	1,465	1,330	1,202	1,081	966	857	755	659	570	10.82%
165,160	13,763	1,511	1,375	1,244	1,121	1,003	892	788	690	599	10.98%
167,850	13,988	1,558	1,419	1,287	1,161	1,042	929	822	722	628	11.14%
170,540	14,212	1,606	1,465	1,330	1,202	1,081	966	857	755	659	11.30%

NOTICE TO PATIENTS:

This practice serves all patients regardless of ability to pay. Discounts for essential services are offered based on family size and income. For more information, ask at the front desk or visit our website. Thank you.

AVISO PARA PACIENTES:

Este establecimiento de salud atiende a todos los pacientes independientemente de su capacidad de pago. Se ofrecen descuentos para servicios esenciales según el tamaño de la familia y los ingresos. Para obtener más información, pregunte en la recepción o visite nuestro sitio web. Gracias.