

CENTRAL JERSEY MEDICAL CENTER
 275 Hobart Street
 Perth Amboy, New Jersey 08861
 PH (732) 376-9333 Fax (732) 376-9330
FEDERAL POVERTY GUIDELINE (SLIDING FEE SCALE)
EFFECTIVE March 1st 2026

PERCENTAGE OF CHARGES PAID BY A PATIENT WHEN GROSS ANNUAL INCOME AND FAMILY SIZE IS WITHIN THE FOLLOWING RANGES

Medicaid <138%		New Jersey Family Care < 355%								
		Uncompensated Care (Charity Care) - Discount Applies if > 100% of Federal Poverty Guideline (FPG) but < or = to 250% (FPG)								
		HRSA National Health Services Corp - Discount applies if > 100% of FPG but < or = to 200% FPG								
	A	B	C	D	E	F	G	H	I	J
	Nominal Charge \$20	Patient Pays \$30	Patient Pays \$40	Patient Pays \$55	Patient Pays \$60	Patient Pays \$65	Patient Pays \$70	Flat Fee \$150	Flat Fee \$150	Flat Fee \$150
Family Size	at or below 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	201% - 225%	226% - 250%	251% - 275%	276% - 300%	> 300%
1	15,960	15,961 - 19,950	19,951 - 23,940	23,941 - 27,930	27,931 - 31,920	31,921 - 35,910	35,911 - 39,900	39,901 - 43,890	43,891 - 47,880	47,881 or More
2	21,640	21,641 - 27,050	27,051 - 32,460	32,461 - 37,870	37,871 - 43,280	43,281 - 48,690	48,691 - 54,100	54,101 - 59,510	59,511 - 64,920	64,921 or More
3	27,320	27,321 - 34,150	34,151 - 40,980	40,981 - 47,810	47,811 - 54,640	54,641 - 61,470	61,471 - 68,300	68,301 - 75,130	75,131 - 81,960	81,961 or More
4	33,000	33,001 - 41,250	41,251 - 49,500	49,501 - 57,750	57,751 - 66,000	66,001 - 74,250	74,251 - 82,500	82,501 - 90,750	90,751 - 99,000	99,001 or More
5	38,680	38,681 - 48,350	48,351 - 58,020	58,021 - 67,690	67,691 - 77,360	77,361 - 87,030	87,031 - 96,700	96,701 - 106,370	106,371 - 116,040	116,041 or More
6	44,360	44,361 - 55,450	55,451 - 66,540	66,541 - 77,630	77,631 - 88,720	88,721 - 99,810	99,811 - 110,900	110,901 - 121,990	121,991 - 133,080	133,081 or More
7	50,040	50,041 - 62,550	62,551 - 75,060	75,061 - 87,570	87,571 - 100,080	100,081 - 112,590	112,591 - 125,100	125,101 - 137,610	137,611 - 150,120	150,121 or More
8	55,720	55,721 - 69,650	69,651 - 83,580	83,581 - 97,510	97,511 - 111,440	111,441 - 125,370	125,371 - 139,300	139,301 - 153,230	153,231 - 167,160	167,161 or More
For Each Additional Person ,	5,680	7,100	8,520	9,940	11,360	12,780	14,200	15,620	17,040	

* NOTE: 1- Count a pregnant woman as two (2) family members

2- CJMC updates this scale annually based on the current Federal Poverty Guideline (FPG)