Health Center Name

Sliding Fee Scale

Based on 2007 Federal Poverty Guidelines

Family Size	100% Discount *		80% Discount *		60% Discount *		40% Discount *		20% Discount *	
	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	$0	$ 10,210	$ 10,211	$ 12,763	$ 12,764	$ 15,315	$ 15,316	$ 17,868	$ 17,869	$ 20,420
2	$0	$ 13,690	$ 13,691	$ 17,113	$ 17,114	$ 20,535	$ 20,536	$ 23,958	$ 23,959	$ 27,380
3	$0	$ 17,170	$ 17,171	$ 21,463	$ 21,464	$ 25,755	$ 25,756	$ 30,048	$ 30,049	$ 34,340
4	$0	$ 20,650	$ 20,651	$ 25,813	$ 25,814	$ 30,975	$ 30,976	$ 36,138	$ 36,139	$ 41,300
5	$0	$ 24,130	$ 24,131	$ 30,163	$ 30,164	$ 36,195	$ 36,196	$ 42,228	$ 42,229	$ 48,260
6	$0	$ 27,610	$ 27,611	$ 34,513	$ 34,514	$ 41,415	$ 41,416	$ 48,318	$ 48,319	$ 55,220
7	$0	$ 31,090	$ 31,091	$ 38,863	$ 38,864	$ 46,635	$ 46,636	$ 54,408	$ 54,409	$ 62,180
8	$0	$ 34,570	$ 34,571	$ 43,213	$ 43,214	$ 51,855	$ 51,856	$ 60,498	$ 60,499	$ 69,140
9	$0	$ 38,050	$ 38,051	$ 47,563	$ 47,564	$ 57,075	$ 57,076	$ 66,588	$ 66,589	$ 76,100
10	$0	$ 41,530	$ 41,531	$ 51,913	$ 51,914	$ 62,295	$ 62,296	$ 72,678	$ 72,679	$ 83,060
% of Poverty	100%		125%		150%		175%		200%	
Plan Code	904		903		902		901		900	

For Family Units with more than 10 members, for each additional member add $3,480.

*** A maximum $25 Administrative fee may be charged**

Laboratory, X-Ray, and Other Diagnostic Services are Charged Separately from the Office Visit Charge