

**Enter Health Center Name in this Cell**  
**Sliding Fee Scale**  
**Based on 2008 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	\$ 10,400	\$ 10,401	\$ 13,000	\$ 13,001	\$ 15,600	\$ 15,601	\$ 18,200	\$ 18,201	\$ 20,800
2	\$0	\$ 14,000	\$ 14,001	\$ 17,500	\$ 17,501	\$ 21,000	\$ 21,001	\$ 24,500	\$ 24,501	\$ 28,000
3	\$0	\$ 17,600	\$ 17,601	\$ 22,000	\$ 22,001	\$ 26,400	\$ 26,401	\$ 30,800	\$ 30,801	\$ 35,200
4	\$0	\$ 21,200	\$ 21,201	\$ 26,500	\$ 26,501	\$ 31,800	\$ 31,801	\$ 37,100	\$ 37,101	\$ 42,400
5	\$0	\$ 24,800	\$ 24,801	\$ 31,000	\$ 31,001	\$ 37,200	\$ 37,201	\$ 43,400	\$ 43,401	\$ 49,600
6	\$0	\$ 28,400	\$ 28,401	\$ 35,500	\$ 35,501	\$ 42,600	\$ 42,601	\$ 49,700	\$ 49,701	\$ 56,800
7	\$0	\$ 32,000	\$ 32,001	\$ 40,000	\$ 40,001	\$ 48,000	\$ 48,001	\$ 56,000	\$ 56,001	\$ 64,000
8	\$0	\$ 35,600	\$ 35,601	\$ 44,500	\$ 44,501	\$ 53,400	\$ 53,401	\$ 62,300	\$ 62,301	\$ 71,200
9	\$0	\$ 39,200	\$ 39,201	\$ 49,000	\$ 49,001	\$ 58,800	\$ 58,801	\$ 68,600	\$ 68,601	\$ 78,400
10	\$0	\$ 42,800	\$ 42,801	\$ 53,500	\$ 53,501	\$ 64,200	\$ 64,201	\$ 74,900	\$ 74,901	\$ 85,600
% 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 \$3,600.**

**\* Patient pays a minimum \$25 nominal fee**

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