

CLINIC SLIDING FEE SCHEDULE  
 BASED ON POVERTY GUIDELINES PUBLISHED MARCH 2019

Poverty Level*	At of Below 100%		125%		150%		175%		200%		Above 200%	
	Nominal Fee (\$5)		20% pay		40% pay		60% pay		80% pay		100% pay	
	from	to	from	to	from	to	from	to	from	to	from	to
Family Size	Charge											
1	\$0	\$12,490	\$12,491	\$15,613	\$15,614	\$18,735	\$18,736	\$21,858	\$21,859	\$24,980	\$24,981	and over
2	\$0	\$16,910	\$16,911	\$21,138	\$21,139	\$25,365	\$25,366	\$29,593	\$29,594	\$33,820	\$33,821	and over
3	\$0	\$21,330	\$21,331	\$26,663	\$26,664	\$31,995	\$31,996	\$37,328	\$37,329	\$42,660	\$42,661	and over
4	\$0	\$25,750	\$25,751	\$32,188	\$32,189	\$38,625	\$38,626	\$45,063	\$45,064	\$51,500	\$51,501	and over
5	\$0	\$30,170	\$30,171	\$37,713	\$37,714	\$45,255	\$45,256	\$52,798	\$52,799	\$60,340	\$60,341	and over
6	\$0	\$34,590	\$34,591	\$43,238	\$43,239	\$51,885	\$51,886	\$60,533	\$60,534	\$69,180	\$69,181	and over
7	\$0	\$39,010	\$39,011	\$48,763	\$48,764	\$58,515	\$58,516	\$68,268	\$68,269	\$78,020	\$78,021	and over
8	\$0	\$43,430	\$43,431	\$54,288	\$54,289	\$65,145	\$65,146	\$76,003	\$76,004	\$86,860	\$86,861	and over
For each additional person, add	\$4,420		\$5,525		\$6,630		\$7,735		\$8,840		\$8,840	

\* Based on 2019 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)