

CLINIC SLIDING FEE SCHEDULE
 BASED ON POVERTY GUIDELINES PUBLISHED MARCH 2017

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												
1	\$0	\$12,060	\$12,061	\$15,075	\$15,076	\$18,090	\$18,091	\$21,105	\$21,106	\$24,120	\$24,121	and over
2	\$0	\$16,240	\$16,241	\$20,300	\$20,301	\$24,360	\$24,361	\$28,420	\$28,421	\$32,480	\$32,481	and over
3	\$0	\$20,420	\$20,421	\$25,525	\$25,526	\$30,630	\$30,631	\$35,735	\$35,736	\$40,840	\$40,841	and over
4	\$0	\$24,600	\$24,601	\$30,750	\$30,751	\$36,900	\$36,901	\$43,050	\$43,051	\$49,200	\$49,201	and over
5	\$0	\$28,780	\$28,781	\$35,975	\$35,976	\$43,170	\$43,171	\$50,365	\$50,366	\$57,560	\$57,561	and over
6	\$0	\$32,960	\$32,961	\$41,200	\$41,201	\$49,440	\$49,441	\$57,680	\$57,681	\$65,920	\$65,921	and over
7	\$0	\$37,140	\$37,141	\$46,425	\$46,426	\$55,710	\$55,711	\$64,995	\$64,996	\$74,280	\$74,281	and over
8	\$0	\$41,320	\$41,321	\$51,650	\$51,651	\$61,980	\$61,981	\$72,310	\$72,311	\$82,640	\$82,641	and over
For each additional person, add	\$4,180		\$5,220		\$6,260		\$7,300		\$8,640		\$8,340	

* Based on 2017 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)