

**CLINIC SLIDING FEE SCHEDULE
BASED ON POVERTY GUIDELINES PUBLISHED MARCH 2020**

Poverty Level*	At of Below 100%	125%	150%	175%	200%	Above 200%						
Family Size	Charge											
	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
1	\$0	\$12,760	\$12,761	\$15,950	\$15,951	\$19,140	\$19,141	\$22,330	\$22,331	\$25,520	\$25,521	and over
2	\$0	\$17,240	\$17,241	\$21,550	\$21,551	\$25,860	\$25,861	\$30,170	\$30,171	\$34,480	\$34,481	and over
3	\$0	\$21,720	\$21,721	\$27,150	\$27,151	\$32,580	\$32,581	\$38,010	\$38,011	\$43,440	\$43,441	and over
4	\$0	\$26,200	\$26,201	\$32,750	\$32,751	\$39,300	\$39,301	\$45,850	\$45,851	\$52,400	\$52,401	and over
5	\$0	\$30,680	\$30,681	\$38,350	\$38,351	\$46,020	\$46,021	\$53,690	\$53,691	\$61,360	\$61,361	and over
6	\$0	\$35,160	\$35,161	\$43,950	\$43,951	\$52,740	\$52,741	\$61,530	\$61,531	\$70,320	\$70,321	and over
7	\$0	\$39,640	\$39,641	\$49,550	\$49,551	\$59,460	\$59,461	\$69,370	\$69,371	\$79,280	\$79,281	and over
8	\$0	\$44,120	\$44,121	\$55,150	\$55,151	\$66,180	\$66,181	\$77,210	\$77,211	\$88,240	\$88,241	and over
For each additional person, add	\$4,480		\$4,480		\$4,480		\$4,480		\$4,480		\$4,480	

* Based on 2020 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)