

Health Center Name
Sliding Fee Scale
Based on 2009 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	\$ 10,830	\$ 10,831	\$ 13,538	\$ 13,539	\$ 16,245	\$ 16,246	\$ 18,953	\$ 18,954	\$ 21,660
2	\$0	\$ 14,570	\$ 14,571	\$ 18,213	\$ 18,214	\$ 21,855	\$ 21,856	\$ 25,498	\$ 25,499	\$ 29,140
3	\$0	\$ 18,310	\$ 18,311	\$ 22,888	\$ 22,889	\$ 27,465	\$ 27,466	\$ 32,043	\$ 32,044	\$ 36,620
4	\$0	\$ 22,050	\$ 22,051	\$ 27,563	\$ 27,564	\$ 33,075	\$ 33,076	\$ 38,588	\$ 38,589	\$ 44,100
5	\$0	\$ 25,790	\$ 25,791	\$ 32,238	\$ 32,239	\$ 38,685	\$ 38,686	\$ 45,133	\$ 45,134	\$ 51,580
6	\$0	\$ 29,530	\$ 29,531	\$ 36,913	\$ 36,914	\$ 44,295	\$ 44,296	\$ 51,678	\$ 51,679	\$ 59,060
7	\$0	\$ 33,270	\$ 33,271	\$ 41,588	\$ 41,589	\$ 49,905	\$ 49,906	\$ 58,223	\$ 58,224	\$ 66,540
8	\$0	\$ 37,010	\$ 37,011	\$ 46,263	\$ 46,264	\$ 55,515	\$ 55,516	\$ 64,768	\$ 64,769	\$ 74,020
9	\$0	\$ 40,750	\$ 40,751	\$ 50,938	\$ 50,939	\$ 61,125	\$ 61,126	\$ 71,313	\$ 71,314	\$ 81,500
10	\$0	\$ 44,230	\$ 44,231	\$ 55,288	\$ 55,289	\$ 66,345	\$ 66,346	\$ 77,403	\$ 77,404	\$ 88,460
% 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.

*** Patients under 100% FPL may be charged an administrative fee up to \$25**

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