



2019 - SLIDING FEE SCHEDULE

		Self Pay I	Self Pay II	Self Pay III	Self Pay IV	Self Pay V	Self Pay VI						
		0% - 100%	>101% - 125%	>126% - 150%	>151% - 175%	>176% - 200%	Above 201%						
Services	For Medical	\$20 nominal fee	\$25	\$30	\$35	\$40	Full charge						
	Discount	For Behavioral For Dental	See Referral Sliding Fee Schedule See Referral Sliding Fee Schedule										
Rate	For Additional Services	100%	70%	60%	50%	40%	Full charge						
Family Size	Family Income Level	From	To	From	To	From	To						
1	\$12,490	\$0	\$12,490	\$12,491	\$15,612	\$15,613	\$18,734	\$18,735	\$21,857	\$21,858	\$24,979	\$24,980	+
2	\$16,910	\$0	\$16,910	\$16,911	\$21,137	\$21,138	\$25,364	\$25,365	\$29,592	\$29,593	\$33,819	\$33,820	+
3	\$21,330	\$0	\$21,330	\$21,331	\$26,662	\$26,663	\$31,994	\$31,995	\$37,327	\$37,328	\$42,659	\$42,660	+
4	\$25,750	\$0	\$25,750	\$25,751	\$32,187	\$32,188	\$38,624	\$38,625	\$45,062	\$45,063	\$51,499	\$51,500	+
5	\$30,170	\$0	\$30,170	\$30,171	\$37,712	\$37,713	\$45,254	\$45,255	\$52,797	\$52,798	\$60,339	\$60,340	+
6	\$34,590	\$0	\$34,590	\$34,591	\$43,237	\$43,238	\$51,884	\$51,885	\$60,532	\$60,533	\$69,179	\$69,180	+
7	\$39,010	\$0	\$39,010	\$39,011	\$48,762	\$48,763	\$58,514	\$58,515	\$68,267	\$68,268	\$78,019	\$78,020	+
8	\$43,430	\$0	\$43,430	\$43,431	\$54,287	\$54,288	\$65,144	\$65,145	\$76,002	\$76,003	\$86,859	\$86,860	+

For each additional person add: \$4,420

Based on 2019 Federal Poverty Guidelines: <https://aspe.hhs.gov/2019-poverty-guidelines>