



2024 - 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	80%	70%	60%	50%	40%	Full charge						
Family Size	Family Income Level	From	To	From	To	From	To	From	To	From	To	From	To
1	\$15,060	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	+
2	\$20,440	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	+
3	\$25,820	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	+
4	\$31,200	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	+
5	\$36,580	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	+
6	\$41,960	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	+
7	\$47,340	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	+
8	\$52,720	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	+

For each additional person add: **\$5,380**

Based on 2024 Federal Poverty Guidelines: <https://aspe.hhs.gov/poverty-guidelines>