

## 2024 Sliding Fee Scale

Annual Income Thresholds by Nominal Fee or Discounted Pay Class and Percent Poverty						
Poverty Level	At or Below 100% Level I	101-125% Level II	126-150% Level III	151-175% Level IV	176-200% Level V	Above 200%
Nominal Fee Discounted Class Price (Levels II- V)						
Family Size						
<b>MEDICAL</b>	\$10	\$15	\$20	\$25	\$30	100% Pay
<b>BEHAVIORAL HEALTH/ NUTRITION</b>	\$5	\$10	\$15	\$20	\$25	100% Pay
<b>1</b>	0-\$15,060	\$18,825	\$22,590	\$26,355	\$30,120	\$30,121+
<b>2</b>	0-\$20,440	\$25,550	\$30,660	\$35,770	\$40,880	\$40,881+
<b>3</b>	0-\$25,820	\$32,275	\$38,730	\$45,185	\$51,640	\$51,641 +
<b>4</b>	0-\$31,200	\$39,000	\$46,800	\$54,600	\$62,400	\$62,401 +
<b>5</b>	0-\$36,580	\$45,725	\$54,870	\$64,015	\$73,160	\$73,161+
<b>6</b>	0-\$41,960	\$52,450	\$62,940	\$73,430	\$83,920	\$83,921+
<b>7</b>	0-\$47,340	\$59,175	\$71,010	\$82,845	\$94,680	\$94,681+
<b>8</b>	0-\$52,720	\$65,900	\$79,080	\$92,260	\$105,440	\$105,441+
<b>For Each Additional Family Member Add</b>	\$5,380	\$6,725	\$8,070	\$9,415	\$9,953	\$10,760
Based on 2024 Federal Poverty Guidelines						

Level I- patients at or below 100% FPG will receive a 100 % discount of charges with a nominal fee as outlined above. Nominal Fee was determined by assessing the collection rates by discount pay class, write-off rates by discount pay class, patient surveys and board input.

Patients that fall between Levels II – V will receive a 100 % discount of charges with a discounted price as outline above.

Persons over 200 % of FPG will be responsible for the full charge and receive no discount.

Applicability: This policy applies to all patients and all services offered at the clinic. No patient will be denied services regardless of inability to pay.