



2017 SLIDING FEE SCHEDULE
 BASED ON THE 2016-2017 FEDERAL POVERTY GUIDELINES

ANNUAL INCOME

% patient resp.		0%		25%		50%		75%		100%	
Household size											
1		\$12,060	\$15,075	\$15,076	\$18,090	\$18,091	\$21,105	\$21,106	\$24,120	\$24,121	PATIENT IS INELIGIBLE FOR A DISCOUNT
2		\$16,240	\$20,300	\$20,301	\$24,360	\$24,361	\$28,420	\$28,421	\$32,480	\$32,481	
3		\$20,420	\$25,525	\$25,526	\$30,630	\$30,631	\$35,735	\$35,736	\$40,840	\$40,841	
4		\$24,600	\$30,750	\$30,751	\$36,900	\$36,901	\$43,050	\$43,051	\$49,200	\$49,201	
5		\$28,780	\$35,975	\$35,976	\$43,170	\$43,171	\$50,365	\$50,366	\$57,560	\$57,561	
6		\$32,960	\$41,200	\$41,201	\$49,440	\$49,441	\$57,680	\$57,681	\$65,920	\$65,921	
7		\$37,140	\$46,425	\$46,426	\$55,710	\$55,711	\$64,995	\$64,996	\$74,280	\$74,281	
8		\$41,320	\$51,650	\$51,651	\$61,980	\$61,981	\$72,310	\$72,311	\$82,640	\$82,641	
Percent of Poverty		100%-125%		126%-150%		151%-175%		176%-200%			

Nominal Uninsured Fees

Counseling	\$10.00
Medical	\$15.00
Dental	\$30.00***

*** Non-Covered dental services are a set fee per service, not a minimum fee. Financial arrangement required.