

Sliding Fee Scale
CLIENT ASSISTANCE

Size of Family	Family Income <100% of FPL (Client Assistance 1) 100%	Family Income 200% of FPL (Client Assistance 2)	
		101%	200%
1	\$12,880	\$12,881	\$25,761
2	\$17,420	\$17,421	\$34,841
3	\$21,960	\$21,961	\$43,921
4	\$26,500	\$26,501	\$53,001
5	\$31,040	\$30,041	\$62,081
6	\$35,580	\$35,581	\$71,161
7	\$40,120	\$40,121	\$80,241
8	\$44,600	\$44,601	\$89,201
Each Additional Family Member	\$4,540	\$9,080	
Outpatient Fee	\$3.00	\$24.00	
Inpatient Fees	\$8.00	\$85.00	