



Sliding Fee Scale

Client Fee Assistance

Family Size	Family Income <100% of FPL* (Client Assistance 1) 100%	Family Income 200% of FPL* (Client Assistance 2)	
		>100%	200%
1	\$15,060	\$15,061	\$30,120
2	\$20,440	\$20,441	\$40,880
3	\$25,820	\$25,821	\$51,640
4	\$31,200	\$31,201	\$62,400
5	\$36,580	\$36,581	\$73,160
6	\$41,960	\$41,961	\$83,920
7	\$47,340	\$47,341	\$94,680
8	\$52,720	\$52,721	\$105,440
Each Additional family member	\$5,380	\$10,760	
Outpatient Fee	\$3.00	\$24.00	
Inpatient Fee	\$8.00	\$85.00	

*Federal Poverty Level