



This is the Sliding Fee Discount for those that qualify for the State Uncompensated Care Program
Based on 2024 Federal Poverty Guidelines*

Poverty Level	Annual Income						
	At or Below 100%	101-133%	134-150%	151-175%	176-200%	201-250%	Above 250%
Family Size	A	B	C	D	E	F	G
1	\$0 - \$15,060	\$15,061 - \$20,030	\$20,031 - \$22,590	\$22,591 - \$26,355	\$26,356 - \$30,120	\$30,121 - \$37,650	\$37,651 - UP
2	\$0 - \$20,440	\$20,441 - \$27,185	\$27,186 - \$30,660	\$30,661 - \$35,770	\$35,771 - \$40,880	\$40,881 - \$51,100	\$51,101 - UP
3	\$0 - \$25,820	\$25,821 - \$34,341	\$34,342 - \$38,730	\$38,731 - \$45,185	\$45,186 - \$51,640	\$51,641 - \$64,550	\$64,551 - UP
4	\$0 - \$31,200	\$31,201 - \$41,496	\$41,497 - \$46,800	\$46,801 - \$54,600	\$54,601 - \$62,400	\$62,401 - \$78,000	\$78,001 - UP
5	\$0 - \$36,580	\$36,581 - \$48,651	\$48,652 - \$54,870	\$54,871 - \$64,015	\$64,016 - \$73,160	\$73,161 - \$91,450	\$91,451 - UP
6	\$0 - \$41,960	\$41,961 - \$55,807	\$55,808 - \$62,940	\$62,941 - \$73,430	\$73,431 - \$83,920	\$83,921 - \$104,900	\$104,901 - UP
7	\$0 - \$47,340	\$47,341 - \$62,962	\$62,963 - \$71,010	\$71,011 - \$82,845	\$82,846 - \$94,680	\$94,681 - \$118,350	\$118,351 - UP
8	\$0 - \$52,720	\$52,721 - \$70,118	\$70,119 - \$79,080	\$79,081 - \$92,260	\$92,261 - \$105,440	\$105,441 - \$131,800	\$131,801 - UP
For Family units with more than 8 persons, add \$5,380 for each additional member							
Medical/Primary/GYN Womens Health Sliding Fee Schedule							
Medical/Primary Care/GYN Womens Health Visit Sliding Fee	\$20	\$25	\$30	\$35	\$40	\$40	Full Fee, if unable to pay please contact supervisor.
Behavioral Health Counselor and Clinical Therapy Visits Sliding Fee Schedule							
Clinical Therapy Sliding Fee	\$5	\$10	\$15	\$20	\$25	\$25	Full Fee, if unable to pay please contact supervisor
Behavioral Health Sliding Fee	\$1	\$2	\$3	\$4	\$5	\$5	Full Fee, if unable to pay please contact supervisor
Dental Sliding Fee Schedule							
Dental Sliding Fee (All Services and Procedures)	\$40	\$45	\$50	\$55	\$60	\$60	Full Fee, if unable to pay please contact supervisor.

Patient pays at a minimum a \$20 nominal fee for medical or a \$40 nominal fee for dental unless separate fee is outlined on this table.

* Federal Register / Vol. 88, No. 12 / January 11, 2024.