



This is the Sliding Fee Discount for those that qualify for the State Uncompensated Care Program
Based on 2021 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 - \$12,880	\$12,881 - \$17,130	\$17,131 - \$19,320	\$19,321 - \$22,540	\$22,541 - \$25,760	\$25,761 - \$32,200	\$32,201 - UP
2	\$0 - \$17,420	\$17,421 - \$23,169	\$23,170 - \$26,130	\$26,131 - \$30,485	\$30,486 - \$34,840	\$34,841 - \$43,550	\$43,551 - UP
3	\$0 - \$21,960	\$21,961 - \$29,207	\$29,208 - \$32,940	\$32,941 - \$38,430	\$38,431 - \$43,920	\$43,921 - \$54,900	\$54,901 - UP
4	\$0 - \$26,500	\$26,501 - \$35,245	\$35,246 - \$39,750	\$39,751 - \$46,375	\$46,376 - \$53,000	\$53,001 - \$66,250	\$66,251 - UP
5	\$0 - \$31,040	\$31,041 - \$41,283	\$41,284 - \$46,560	\$46,561 - \$54,320	\$54,321 - \$62,080	\$62,081 - \$77,600	\$77,601 - UP
6	\$0 - \$35,580	\$35,581 - \$47,321	\$47,322 - \$53,370	\$53,371 - \$62,265	\$62,266 - \$71,160	\$71,161 - \$88,950	\$88,951 - UP
7	\$0 - \$40,120	\$40,121 - \$53,360	\$53,361 - \$60,180	\$60,181 - \$70,210	\$70,211 - \$80,240	\$80,241 - \$100,300	\$100,301 - UP
8	\$0 - \$44,660	\$44,661 - \$59,398	\$59,399 - \$66,990	\$66,991 - \$78,155	\$78,156 - \$89,320	\$89,321 - \$111,650	\$111,651 - UP
For Family units with more than 8 persons, add \$4,540 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.86 No.19 / February 1, 2021.