



**This is the Sliding Fee Discount for those that qualify for the State Uncompensated Care Program
Based on 2022 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 - \$13,590	\$13,591 - \$18,075	\$18,076 - \$20,385	\$20,386 - \$23,783	\$23,784 - \$27,180	\$27,181 - \$33,975	\$33,976 - UP
2	\$0 - \$18,310	\$18,311 - \$24,352	\$24,353 - \$27,465	\$27,466 - \$32,043	\$32,044 - \$36,620	\$36,621 - \$45,775	\$45,776 - UP
3	\$0 - \$23,030	\$23,031 - \$30,630	\$30,631 - \$34,545	\$34,546 - \$40,303	\$40,304 - \$46,060	\$46,061 - \$57,575	\$57,576 - UP
4	\$0 - \$27,750	\$27,751 - \$36,908	\$36,909 - \$41,625	\$41,626 - \$48,563	\$48,564 - \$55,500	\$55,501 - \$69,375	\$69,376 - UP
5	\$0 - \$32,470	\$32,471 - \$43,185	\$43,186 - \$48,705	\$48,706 - \$56,823	\$56,824 - \$64,940	\$64,941 - \$81,175	\$81,176 - UP
6	\$0 - \$37,190	\$37,191 - \$49,463	\$49,464 - \$55,785	\$55,786 - \$65,083	\$65,084 - \$74,380	\$74,381 - \$92,975	\$92,976 - UP
7	\$0 - \$41,910	\$41,911 - \$55,740	\$55,741 - \$62,865	\$62,866 - \$73,343	\$73,344 - \$83,820	\$83,821 - \$104,775	\$104,776 - UP
8	\$0 - \$46,630	\$46,631 - \$62,018	\$62,019 - \$69,945	\$69,946 - \$81,603	\$81,604 - \$93,260	\$93,261 - \$116,575	\$116,576 - UP
For Family units with more than 8 persons, add \$4,720 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.

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