



**This is the Sliding Fee Discount for those that qualify for the State Uncompensated Care Program
Based on 2023 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 - \$14,580	\$14,581 - \$19,391	\$19,392 - \$21,870	\$21,871 - \$25,515	\$25,516 - \$29,160	\$29,161 - \$36,450	\$36,451 - UP
2	\$0 - \$19,720	\$19,721 - \$26,228	\$26,229 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440	\$39,441 - \$49,300	\$49,301 - UP
3	\$0 - \$24,860	\$24,861 - \$33,064	\$33,065 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720	\$49,721 - \$62,150	\$62,151 - UP
4	\$0 - \$30,000	\$30,001 - \$39,900	\$39,901 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000	\$60,001 - \$75,000	\$75,001 - UP
5	\$0 - \$35,140	\$35,141 - \$46,736	\$46,737 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280	\$70,281 - \$87,850	\$87,851 - UP
6	\$0 - \$40,280	\$40,281 - \$53,572	\$53,573 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560	\$80,561 - \$100,700	\$100,701 - UP
7	\$0 - \$45,420	\$45,421 - \$60,409	\$60,410 - \$68,130	\$68,131 - \$79,485	\$79,486 - \$90,840	\$90,841 - \$113,550	\$113,551 - UP
8	\$0 - \$50,560	\$50,561 - \$67,245	\$67,246 - \$75,840	\$75,841 - \$88,480	\$88,481 - \$101,120	\$101,121 - \$126,400	\$126,401 - UP
For Family units with more than 8 persons, add \$5,140 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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