



Community Medicine Foundation JULY 2018 SLIDING FEE SCALE

Patient Pays	Nominal Fee: \$10	\$25	\$35	\$45	\$65	Full Charge
Family Size	Type A At or Below 100% Poverty	Type B 101% to 125%	Type C 126% to 150%	Type D 151% to 175%	Type E 176% to 200%	Self Pay Over 200% Poverty
1	\$12,140 or less	\$12,141 To \$15,175	\$15,176 To \$18,210	\$18,211 To \$21,245	\$21,246 To \$24,280	\$24,281 and over
2	\$16,460 or less	\$16,461 To \$20,575	\$20,576 To \$24,690	\$24,691 To \$28,805	\$28,806 To \$32,920	\$32,921 and over
3	\$20,780 or less	\$20,781 To \$25,975	\$25,976 To \$31,170	\$31,171 To \$36,365	\$36,366 To \$41,560	\$41,561 and over
4	\$25,100 or less	\$25,101 To \$31,375	\$31,376 To \$37,650	\$37,651 To \$43,925	\$43,926 To \$50,200	\$50,201 and over
5	\$29,420 or less	\$29,421 To \$36,775	\$36,776 To \$44,130	\$44,131 To \$51,485	\$51,486 To \$58,840	\$58,841 and over
6	\$33,740 or less	\$33,741 To \$42,175	\$42,176 To \$50,610	\$50,611 To \$59,045	\$59,046 To \$67,480	\$67,481 and over
7	\$38,060 or less	\$38,061 To \$47,576	\$47,577 To \$57,090	\$57,091 To \$66,605	\$66,606 To \$76,120	\$76,121 and over
8	\$42,380 or less	\$42,381 To \$52,975	\$52,976 To \$63,570	\$63,571 To \$74,165	\$74,166 To \$84,760	\$84,761 and over

*For family units with more than eight (8) members, add \$4,320 for each additional member.

The Board approved effective date of this guideline is 03-01-2018.

NOTE: Proof of family size and income must be provided for all patients wishing to apply for the Sliding Fee Program.

Self Pay Payment: Patient has option of paying \$125 before visit, or pay \$65 and be billed for total balance of office visit.