

Sliding Fee Scale 2017 Annual Federal Poverty Guidelines

Service:	100% or below Poverty Level	101% - 150% Poverty Level	151% - 175% Poverty Level	176% - 200% Poverty Level	Above 200% Poverty Level
Medical	\$10	\$20	\$30	\$40	Full Fee
Mental Health	\$10	\$20	\$30	\$40	Full Fee
Dental	\$10	\$30	\$40	\$40	Full Fee
Labs	\$3 Per Lab Test	35% Discount	25% Discount	15% Discount	Full Fee
1	\$0.00 - \$12,060.00	\$12,060.01 - \$18,090.00	\$18,090.01 - \$21,105.00	\$21,105.01 - \$24,120.00	\$24,120.01 +
2	\$0.00 - \$16,240.00	\$16,240.01 - \$24,360.00	\$24,360.01 - \$28,420.00	\$28,420.01 - \$32,480.00	\$32,480.01 +
3	\$0.00 - \$20,420.00	\$20,420.01 - \$30,630.00	\$30,630.01 - \$35,753.00	\$35,753.01 - \$40,840.00	\$40,840.01 +
4	\$0.00 - \$24,600.00	\$24,600.01 - \$36,900.00	\$36,900.01 - \$43,050.00	\$43,050.01 - \$49,200.00	\$49,200.01 +
5	\$0.00 - \$28,780.00	\$28,780.01 - \$43,170.00	\$43,170.01 - \$50,365.00	\$50,365.01 - \$57,560.00	\$57,560.01 +
6	\$0.00 - \$32,960.00	\$32,960.01 - \$49,440.00	\$49,440.01 - \$57,680.00	\$57,680.01 - \$65,920.00	\$65,920.01 +
7	\$0.00 - \$37,140.00	\$37,140.01 - \$55,710.00	\$55,710.01 - \$64,995.00	\$64,995.01 - \$74,280.00	\$74,280.01 +
8	\$0.00 - \$41,320.00	\$41,320.01 - \$61,980.00	\$61,980.01 - \$72,310.00	\$72,310.01 - \$82,640.00	\$82,640.01 +



For Households of more than 8 members, add \$4,150.00 for each additional member.