

**ATCHISON COMMUNITY HEALTH CLINIC - 2019 SLIDING FEE SCALE**

	100% or below Poverty Level	101% - 150% Poverty level	151% - 200% Poverty level	Above 200% poverty level
<b>Service</b>	<i>Slide A</i>	<i>Slide B</i>	<i>Slide C</i>	<i>Slide D</i>
<b>Medical</b>	\$15.00	\$30.00	\$40.00	Full Fee
<b>Dental</b>	\$15.00	\$30.00	\$40.00	Full Fee
<b>Mental Health</b>	\$15.00	\$30.00	\$40.00	Full Fee
<b>Labs</b>	75% Discount	50% Discount	25% Discount	Full Fee

**2019 ANNUAL FEDERAL POVERTY GUIDELINES**

	100% or below Poverty Level	101% - 150% Poverty level	151% - 200% Poverty level	Above 200% poverty level
<b>Family Size</b>	Slide A	Slide B	Slide C	Slide D
1	\$0.00 - \$12,490	\$12,491 - \$18,735	\$18,736 - \$24,980	\$24,981
2	\$0.00 - \$16,910	\$16,911 - \$25,365	\$25,366 - \$33,820	\$33,821
3	\$0.00 - \$21,330	\$21,331 - \$31,995	\$31,996 - \$42,660	\$42,661
4	\$0.00 - \$25,750	\$25,751 - \$38,625	\$38,626 - \$51,500	\$51,501
5	\$0.00 - \$30,170	\$30,171 - \$45,255	\$45,256 - \$60,340	\$60,341
6	\$0.00 - \$34,590	\$34,591 - \$51,885	\$51,886 - \$69,180	\$69,181
7	\$0.00 - \$39,010	\$39,011 - \$58,515	\$58,516 - \$78,020	\$78,021
8	\$0.00 - \$43,430	\$43,431 - \$65,145	\$65,146 - \$86,860	\$86,861

**For Family Units of more than 8 members, add \$4,420 for each additional member**