

Sliding Fee Scale  
As of 6/1/2025

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7	Family of 8	Each Additional person	Poverty Level	Patient Payment Responsibility
\$15,960	\$ 21,640	\$27,320	\$33,000	\$ 38,680	\$ 44,360	\$ 50,040	\$ 55,720	+ \$ 5,680	100%	Suggested Fee \$20
\$ 22,025	\$ 29,864	\$ 37,702	\$ 45,540	\$ 53,379	\$ 61,217	\$ 69,056	\$ 76,894	+ \$ 7,838	138%	20%
\$ 23,475	\$ 31,725	\$ 39,975	\$ 48,225	\$ 56,475	\$ 64,725	\$ 72,975	\$ 81,225	+ \$8,250	150%	40%
\$ 31,300	\$ 42,300	\$ 53,300	\$ 64,300	\$ 75,300	\$ 86,300	\$ 97,300	\$ 108,300	+ \$ 11,000	200%	80%
\$ 33,995	\$ 46,094	\$ 58,192	\$ 70,290	\$ 82,389	\$ 94,487	\$ 106,586	\$ 118,684	+ \$ 12,099	213%	100%