

SLIDING FEE SCHEDULE

**UNINSURED / UNDERINSURED / SERVICES NOT COVERED BY INSURANCE, MHSP, MEDICAID, MEDICARE, ETC.
BASED ON POVERTY GUIDELINES EFFECTIVE ON JANUARY 12, 2023**

Family Size	A		B		C		D		E	
	100%		125%		150%		175%		200%	
	From	To	From	To	From	To	From	To	From	To
1	\$0	\$14,580	\$14,581	\$18,225	\$18,226	\$21,870	\$21,871	\$25,515	\$25,516	\$29,160
2	\$0	\$19,720	\$19,721	\$24,650	\$24,651	\$29,580	\$29,581	\$34,510	\$34,511	\$39,440
3	\$0	\$24,860	\$24,861	\$31,075	\$31,076	\$37,290	\$37,291	\$43,505	\$43,506	\$49,720
4	\$0	\$30,000	\$30,001	\$37,500	\$37,501	\$45,000	\$45,001	\$52,500	\$52,501	\$60,000
5	\$0	\$35,140	\$35,141	\$43,925	\$43,926	\$52,710	\$52,711	\$61,495	\$61,496	\$70,280
6	\$0	\$40,280	\$40,281	\$50,350	\$50,351	\$60,420	\$60,421	\$70,490	\$70,491	\$80,560
7	\$0	\$45,420	\$45,421	\$56,775	\$56,776	\$68,130	\$68,131	\$79,485	\$79,486	\$90,840
8	\$0	\$50,560	\$50,561	\$63,200	\$63,201	\$75,840	\$75,841	\$88,480	\$88,481	\$101,120
9	\$0	\$55,700	\$55,701	\$69,625	\$69,626	\$83,550	\$83,551	\$97,475	\$97,476	\$111,400
10	\$0	\$60,840	\$60,841	\$76,050	\$76,051	\$91,260	\$91,261	\$106,470	\$106,471	\$121,680
Monthly Max CSCT	\$25		\$50		\$75		\$100		\$125	
Discount Rate on Charges	100%		90%		80%		70%		60%	

Examples:	Total Charges	Family Size	Family Income	Discount %	Discount Amount	Amount of Client Pay
	\$150.00	4	\$42,000	80%	\$120.00	\$30.00
	\$300.00	6	\$50,000	90%	\$270.00	\$30.00
	\$100.00	1	\$25,000	70%	\$70.00	\$30.00
	\$500.00	3	\$25,000	90%	\$450.00	\$50.00
	\$200.00	8	\$45,000	100%	\$200.00	\$0.00

Updated January 24, 2023