

Community Medicine Foundation 2024 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	\$15,060 or less		\$15,061 To \$18,825		\$18,826 To \$22,590		\$22,591 To \$26,355		\$26,356 To \$30,120		\$30,121 and over
2	\$20,440 or less		\$20,441 To \$25,550		\$25,551 To \$30,660		\$30,661 To \$35,770		\$35,771 To \$40,880		\$40,881 and over
3	\$25,820 or less		\$25,821 To \$32,275		\$32,276 To \$38,730		\$38,731 To \$45,185		\$45,186 To \$51,640		\$51,641 and over
4	\$31,200 or less		\$31,201 To \$39,000		\$39,001 To \$46,800		\$46,801 To \$54,600		\$54,601 To \$62,400		\$62,401 and over
5	\$36,580 or less		\$36,581 To \$45,725		\$45,726 To \$54,870		\$54,871 To \$64,015		\$64,016 To \$73,160		\$73,161 and over
6	\$41,960 or less		\$41,961 To \$52,450		\$52,451 To \$62,940		\$62,941 To \$73,430		\$73,431 To \$83,920		\$83,921 and over
7	\$47,340 or less		\$47,341 To \$59,175		\$59,176 To \$71,010		\$71,011 To \$82,845		\$82,846 To \$94,680		\$94,681 and over
8	\$52,720 or less		\$52,721 To \$65,900		\$65,901 To \$79,080		\$79,081 To \$92,260		\$92,261 To \$105,440		\$105,441 and over

*For family units with more than eight (8) members, add \$5,380 for each additional member.

The Board approved effective date of this guideline is January 23, 2024.

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.