

2016 UPDATED SLIDING FEE SCALE

# Persons in Household	Household Income	Patient pays								
		Nominal Fee of \$25	40%		60%		80%		100% Full Pay	
		From	Annual Income Not to Exceed							
1	Annual	0 - 11,880	11,881 - 17,820	17,821 - 20,790	20,791 - 23,760	23,761 +				
	per month	0 - 990	990 - 1,485	1,485 - 1,732	1,733 - 1,980	1,981 +				
	per week	0 - 228	173 - 342	259 - 399	302 - 456	457 +				
2	Annual	0 - 16,020	16,021 - 24,030	24,031 - 28,035	28,036 - 32,040	32,041 +				
	per month	0 - 1,334	1,335 - 2,002	2,003 - 2,336	2,336 - 2,670	2,671 +				
	per week	0 - 307	233 - 461	350 - 538	408 - 614	615 +				
3	Annual	0 - 20,160	20,161 - 30,240	30,241 - 35,280	35,281 - 40,320	40,321 +				
	per month	0 - 1,680	1,680 - 2,520	2,520 - 2,940	2,940 - 3,360	3,361 +				
	per week	0 - 387	294 - 580	440 - 677	513 - 773	774 +				
4	Annual	0 - 24,300	24,301 - 36,450	36,451 - 42,525	42,526 - 48,600	48,601 +				
	per month	0 - 2,025	2,025 - 3,038	3,038 - 3,544	3,544 - 4,050	4,051 +				
	per week	0 - 466	354 - 699	530 - 816	619 - 932	933 +				
5	Annual	0 - 28,440	28,441 - 42,660	42,661 - 49,770	49,771 - 56,880	56,881 +				
	per month	0 - 2,369	2,370 - 3,555	3,555 - 4,148	4,148 - 4,740	4,741 +				
	per week	0 - 545	414 - 818	621 - 954	724 - 1,091	1,092 +				
6	Annual	0 - 32,580	32,581 - 48,870	48,871 - 57,015	57,016 - 65,160	65,161 +				
	per month	0 - 2,715	2,715 - 4,073	4,073 - 4,751	4,752 - 5,430	5,431 +				
	per week	0 - 625	474 - 937	711 - 1,093	829 - 1,250	1,251 +				
7	Annual	0 - 36,730	36,731 - 55,095	55,096 - 64,278	64,279 - 73,460	73,461 +				
	per month	0 - 3,061	3,061 - 4,591	4,591 - 5,356	5,357 - 6,122	6,123 +				
	per week	0 - 704	535 - 1,057	801 - 1,233	935 - 1,409	1,410 +				
8	Annual	0 - 40,890	40,891 - 61,335	61,336 - 71,558	71,559 - 81,780	81,781 +				
	per month	0 - 3,408	3,408 - 5,111	5,112 - 5,963	5,964 - 6,815	6,816 +				
	per week	0 - 784	595 - 1,176	892 - 1,372	1,040 - 1,568	1,569 +				
9	Annual	0 - 45,050	45,051 - 67,575	67,576 - 78,838	78,839 - 90,100	90,101 +				
	per month	0 - 3,754	3,755 - 5,631	5,632 - 6,570	6,570 - 7,508	7,509 +				
	per week	0 - 864	596 - 1,296	893 - 1,512	1,041 - 1,728	1,729 +				
10	Annual	0 - 49,210	49,211 - 73,815	73,816 - 86,118	86,119 - 98,420	98,421 +				
	per month	0 - 4,101	4,101 - 6,151	6,152 - 7,176	7,177 - 8,202	8,203 +				
	per week	0 - 944	597 - 1,416	894 - 1,652	1,042 - 1,888	1,889 +				
11	Annual	0 - 53,370	53,371 - 80,055	80,056 - 93,398	93,399 - 106,740	106,741 +				
	per month	0 - 4,448	4,448 - 6,671	6,672 - 7,783	7,784 - 8,895	8,896 +				
	per week	0 - 1,024	598 - 1,535	895 - 1,791	1,043 - 2,047	2,048 +				
12	Annual	0 - 57,530	57,531 - 86,295	86,296 - 100,678	100,679 - 115,060	115,061 +				
	per month	0 - 4,794	4,795 - 7,191	7,192 - 8,390	8,390 - 9,588	9,589 +				
	per week	0 - 1,103	599 - 1,655	896 - 1,931	1,044 - 2,207	2,208 +				

****2015 HHS Poverty Guidelines Federal Register, Vol. 80, No. 14, January 22, 2015, pp. 3236-3237

Sliding fee scale based upon total gross household income and the number of persons residing in the household.

Each Additional	4,140	6,210	7,245	8,280
For each additional household member add				
4,140.00 to annual income.				
345.00 to monthly income.				
79.40 to weekly income.				

Family Size
Income per pay period
Pay Frequency
Annual Income
Sliding Fee Category

Effective : 7/27/2016

Applicant Signature & Date

Staff Signature & Date

