

2018 SLIDING FEE SCALE

# Persons in Household	Household Income	Patient pays									
		Nominal Fee of \$25	20%		40%		60%		80%		100% Full Pay
		From	Annual Income Not to Exceed								
1	Annual	0 - 12,140	12,141 - 15,175	15,176 - 18,210	18,211 - 21,245	21,246 - 24,280	24,281 +				
	per month	0 - 1,012	1,013 - 1,265	1,266 - 1,517	1,518 - 1,770	1,771 - 2,023	2,024 +				
	per week	0 - 233	234 - 291	292 - 349	350 - 407	408 - 466	467 +				
2	Annual	0 - 16,460	16,461 - 20,575	20,576 - 24,690	24,691 - 28,805	28,806 - 32,920	32,921 +				
	per month	0 - 1,371	1,372 - 1,714	1,715 - 2,057	2,058 - 2,400	2,401 - 2,743	2,744 +				
	per week	0 - 316	317 - 395	396 - 474	475 - 552	553 - 631	632 +				
3	Annual	0 - 20,780	20,781 - 25,975	25,976 - 31,170	31,171 - 36,365	36,366 - 41,560	41,561 +				
	per month	0 - 1,731	1,732 - 2,165	2,166 - 2,598	2,599 - 3,030	3,031 - 3,463	3,464 +				
	per week	0 - 399	400 - 498	499 - 598	599 - 697	698 - 797	798 +				
4	Annual	0 - 25,100	25,101 - 31,375	31,376 - 37,650	37,651 - 43,925	43,926 - 50,200	50,201 +				
	per month	0 - 2,092	2,093 - 2,615	2,616 - 3,138	3,139 - 3,660	3,661 - 4,183	4,184 +				
	per week	0 - 481	482 - 602	603 - 722	723 - 842	843 - 963	964 +				
5	Annual	0 - 29,420	29,421 - 36,775	36,776 - 44,130	44,131 - 51,485	51,486 - 58,840	58,841 +				
	per month	0 - 2,451	2,452 - 3,065	3,066 - 3,678	3,679 - 4,290	4,291 - 4,903	4,904 +				
	per week	0 - 564	565 - 705	706 - 846	847 - 987	988 - 1,128	1,129 +				
6	Annual	0 - 33,740	33,741 - 36,775	36,776 - 50,610	50,611 - 59,045	59,046 - 67,480	67,481 +				
	per month	0 - 2,811	2,812 - 3,065	3,066 - 4,218	4,219 - 4,920	4,921 - 5,623	5,624 +				
	per week	0 - 647	648 - 705	706 - 971	972 - 1,132	1,133 - 1,294	1,295 +				
7	Annual	0 - 38,060	38,061 - 42,175	42,176 - 57,090	57,091 - 66,605	66,606 - 76,120	76,121 +				
	per month	0 - 3,172	3,173 - 3,515	3,516 - 4,758	4,759 - 5,550	5,551 - 6,343	6,344 +				
	per week	0 - 730	731 - 809	810 - 1,095	1,096 - 1,277	1,278 - 1,460	1,461 +				
8	Annual	0 - 42,380	42,381 - 47,575	47,576 - 63,570	63,571 - 74,165	74,166 - 84,760	84,761 +				
	per month	0 - 3,532	3,533 - 3,965	3,966 - 5,298	5,299 - 6,180	6,181 - 7,063	7,064 +				
	per week	0 - 813	814 - 912	913 - 1,219	1,220 - 1,422	1,423 - 1,626	1,627 +				
9	Annual	0 - 46,700	46,701 - 52,975	52,976 - 67,890	67,891 - 78,485	78,486 - 89,080	89,081 +				
	per month	0 - 3,892	3,893 - 4,415	4,416 - 5,658	5,659 - 6,540	6,541 - 7,423	7,424 +				
	per week	0 - 896	897 - 1,016	1,017 - 1,302	1,303 - 1,505	1,506 - 1,708	1,709 +				
10	Annual	0 - 51,020	51,021 - 57,295	57,296 - 72,210	72,211 - 82,805	82,806 - 93,400	93,401 +				
	per month	0 - 4,252	4,253 - 4,775	4,776 - 6,018	6,019 - 6,900	6,901 - 7,783	7,784 +				
	per week	0 - 978	979 - 1,099	1,100 - 1,385	1,386 - 1,588	1,589 - 1,791	1,792 +				
11	Annual	0 - 55,340	55,341 - 61,615	61,616 - 76,530	76,531 - 87,125	87,126 - 97,720	97,721 +				
	per month	0 - 4,612	4,613 - 5,135	5,136 - 6,378	6,379 - 7,260	7,261 - 8,143	8,144 +				
	per week	0 - 1,061	1,062 - 1,182	1,183 - 1,468	1,469 - 1,671	1,672 - 1,874	1,875 +				
12	Annual	0 - 61,850	61,851 - 65,935	65,936 - 80,850	80,851 - 91,445	91,446 - 102,040	102,041 +				
	per month	0 - 5,154	5,155 - 5,495	5,496 - 6,738	6,739 - 7,620	7,621 - 8,503	8,504 +				
	per week	0 - 1,186	1,187 - 1,265	1,266 - 1,551	1,552 - 1,754	1,755 - 1,957	1,958 +				

2018 HHS Poverty Guidelines Effective January 13, 2018 - Federal Register, Document Citation: 83 FR 2642 Document number 2018-00814, January 18, 2018, pp. 2642-2644

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

For each additional household member add
4,320.00 to annual income.
360.00 to monthly income.
82.85 to weekly income.

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

Effective : 7/10/2018

Applicant Signature & Date

Staff Signature & Date