

2024

3/1/2024-2/28/2025



Medical and Behavioral Health Services

How to determine your sliding fee scale?

1. Find your family size in the chart below.
2. Reading across your household family size, look at the column which describes your family gross income.
3. The heading for the column (Slide A, B, C, D) will be your sliding scale level.
(For example - If your family size is 2 and your income in \$28,000 per year, your slide will fall under Slide B.
Your payment for the visit will be \$25.00 for Slide B Discount.)
4. See our Sliding Fee Discount listed below.
5. No sliding fee application will be accepted 90 days after date of service.
6. If you have no income you can fill out a Zero Income Affidavit. The Zero Income Affidavit's only are good for a 2 week timeframe and must be filled out again every two weeks to continue the Zero Income Slide

Family Size	Slide A (0-100%)	Slide B (>100-<=150%)	Slide C (>150-<=175%)	Slide D (>175-<=201%)	No Discount (201% & over)
1	\$ 15,060.00	\$ 15,061.00 - \$ 22,590.00	\$ 22,591.00 - \$ 26,355.00	\$ 26,356.00 - \$ 30,120.00	\$ 30,121.00
2	\$ 20,440.00	\$ 20,441.00 - \$ 30,660.00	\$ 30,661.00 - \$ 35,770.00	\$ 35,771.00 - \$ 40,880.00	\$ 40,881.00
3	\$ 25,820.00	\$ 25,821.00 - \$ 38,730.00	\$ 38,731.00 - \$ 45,185.00	\$ 45,186.00 - \$ 51,640.00	\$ 51,641.00
4	\$ 31,200.00	\$ 31,201.00 - \$ 46,800.00	\$ 46,801.00 - \$ 54,600.00	\$ 54,601.00 - \$ 62,400.00	\$ 62,401.00
5	\$ 36,580.00	\$ 36,581.00 - \$ 54,870.00	\$ 54,871.00 - \$ 64,015.00	\$ 64,016.00 - \$ 73,160.00	\$ 73,161.00
6	\$ 41,960.00	\$ 41,961.00 - \$ 62,940.00	\$ 62,941.00 - \$ 73,430.00	\$ 73,431.00 - \$ 83,920.00	\$ 83,921.00
7	\$ 47,340.00	\$ 47,341.00 - \$ 71,010.00	\$ 71,011.00 - \$ 82,845.00	\$ 82,846.00 - \$ 94,680.00	\$ 94,681.00
8	\$ 52,720.00	\$ 52,721.00 - \$ 79,080.00	\$ 79,081.00 - \$ 92,260.00	\$ 92,261.00 - \$ 105,440.00	\$ 105,441.00
9 or more	Add \$5,380 for each additional person				

Sliding scale discounts will be a follows for Medical and Behavioral Health:

- Slide A 100% discount with \$15 nominal fee
- Slide B 100% discount with \$25 fee
- Slide C 100% discount with \$35 fee
- Slide D 100% discount with \$45 fee

No sliding fee discount for 201% FPL and over; you will be asked to pay \$45 at the time of service and be billed the remaining amount.

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.