



Nominal Charge & Medical + Lab Sliding Fee Scale					
Household Size	Sliding Fee Scale for Medical + Lab				
Scale Type	SLIDE A* Nominal Charge	SLIDE B	SLIDE C	SLIDE D	SLIDE E* No Discount
Poverty Level	0-100%	>100-133%	>133-166%	>166-200%	>200%
1	\$0.00 - \$14,580	\$14,850.01-\$19,391	\$19,391.01-\$24,203	\$24,203.01-\$29,160	\$29,160.01+
2	\$0.00 - \$19,720	\$19,720.01-\$26,228	\$26,228.01-\$32,735	\$32,735.01-\$39,440	\$39,440.01+
3	\$0.00 - \$24,860	\$24,860.01-\$33,064	\$33,064.01-\$41,268	\$41,268.01-\$49,720	\$49,720.01+
4	\$0.00 - \$30,000	\$30,000.01-\$39,900	\$39,900.01-\$49,800	\$49,800.01-\$60,000	\$60,000.01+
5	\$0.00 - \$35,140	\$35,140.01-\$46,736	\$46,736.01-\$58,332	\$58,332.01-\$70,280	\$70,280.01+
6	\$0.00 - \$40,280	\$40,280.01-\$53,572	\$53,572.01-\$66,865	\$66,865.01-\$80,560	\$80,560.01+
7	\$0.00 - \$45,420	\$45,420.01-\$60,409	\$60,409.01-\$75,397	\$75,397.01-\$90,840	\$90,840.01+
8	\$0.00 - \$50,560	\$50,560.01-\$67,245	\$67,245.01-\$83,930	\$83,930.01-\$101,120	\$101,120.01+
For each person over 8 add:	\$5,140	\$6,836	\$8,532	\$10,280	\$10,280.01+
Sliding Fee	\$40	\$50	\$60	\$70	\$200

*Slide A and Slide E are referenced for eClinical Works purposes only.

*For families/households with more than 8 persons, add \$5,140 for each additional person.