



2018 Sliding Fee Schedule

Annual Income Threshold by Sliding Fee discount Pay Class and Percentage Poverty

	A. \$50.00	B. \$60.00	C. \$70.00	D. \$80.00	E. No Discount
Household Size	At or below 100% of FPG	At or below 133% of FPG	At or below 150% of FPG	At or below 200% of FPG	At or above 201% of FPG
1.	0-\$12,140	\$12,141 - \$16,146	\$16,147 - \$18,210	\$18,211 - \$24,280	\$36,421 +
2.	0-\$16,460	\$16,461 - \$21,892	\$21,893 - \$24,690	\$24,691 - \$32,920	\$49,381+
3.	0-\$20,780	\$20,781 - \$27,637	\$27,638 - \$31,170	\$31,171 - \$41,560	\$62,341 +
4.	0-\$25,100	\$25,101 - \$33,383	\$33,384 - \$37,650	\$37,651 - \$50,200	\$75,301 +
5.	0-\$29,420	\$29,421 - \$39,129	\$39,130 - \$44,130	\$44,131 - \$58,840	\$88,261 +
6.	0-\$33,740	\$33,741 - \$44,874	\$44,875 - \$50,610	\$50,611 - \$67,480	\$101,221 +
7.	0-\$38,060	\$38,061 - \$50,620	\$50,621 - \$57,090	\$57,091 - \$76,120	\$114,181 +
8.	0-\$42,380	\$42,381 - \$56,365	\$56,366 - \$63,570	\$63,571 - \$84,760	\$127,141 +
For each additional person add	\$4,320	\$5,746	\$6,480	\$8,640	\$12,961

Nominal Fee: \$50.00

The discount will apply to all services received at Alta Family Health Clinic and any services purchased from outside facilities, including: reference laboratory testing, drug testing, x-ray interpretation by consulting radiologist, and other services. The Discount and Sliding Fees is based on an annual application. Applicants must be re-certified yearly.

*Based on 2018 HHS Poverty Guidelines (<https://www.gpo.gov/fdsys/pkg/FR-2018-01-18/pdf/2018-00814.pdf>)