



2008/2009 Sliding Fee Schedule

# In Family	Sliding Fee "B" Min Co-Pay	Sliding Fee "C" Pay 25%	Sliding Fee "D" Pay 50%	Sliding Fee "E" Pay 75%	Sliding Fee "F" Pay 100%
1	0 to 10,400	10,401 to 12,480	12,481 to 14,560	14,561 to 16,640	>16,641
2	0 to 14,000	14,001 to 16,800	16,801 to 19,600	19,601 to 22,400	>22,401
3	0 to 17,600	17,601 to 21,120	21,121 to 24,640	24,641 to 28,160	>28,161
4	0 to 21,200	21,201 to 25,440	25,441 to 29,680	29,681 to 33,920	>33,921
5	0 to 24,800	24,801 to 29,760	29,761 to 34,720	34,721 to 39,680	>39,681
+1	Add 3,600 per person	Add 3,600 per person	Add 4,320 per person	Add 5,040 per person	Add 5,760 per person
Minimum Co-Pays Medical is \$25.00 Dental is \$30.00					

HOW TO READ THE SLIDING FEE SCALE

- Step 1: Locate the row corresponding to the number of individuals in your family.
 Step 2: Move to the right until you find the range containing your average annual income.
 Step 3: Go to the top of that column. The percentage shown is the amount you will be responsible for paying.

To qualify for the sliding fee, you must fill out a form. These can be picked up at the clinic.

To register each patient must have the following

1. Identification with picture: Driver's License or any government issued identification.
2. Social Security Card, Tax ID number, or Birth Certificate
3. Proof of address: Current bill from electricity, gas, telephone, etc
4. Proof of income: Most recent check stub or notarized work card.