

## Hope Family Care Center Sliding Fee Scale

Based on 2015 Federal Poverty Guidelines

	A		B		C		D		E		
% of Poverty	100%		125%		150%		175%		200%		201%+
Family Size/Income	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below	Above
1	\$0	\$ 11,770	\$ 11,771	\$ 14,713	\$ 14,714	\$ 17,655	\$ 17,656	\$ 20,598	\$ 20,599	\$ 23,540	\$23,541
2	\$0	\$ 15,930	\$ 15,931	\$ 19,913	\$ 19,914	\$ 23,895	\$ 23,896	\$ 27,878	\$ 27,879	\$ 31,860	\$31,861
3	\$0	\$ 20,090	\$ 20,091	\$ 25,113	\$ 25,114	\$ 30,135	\$ 30,136	\$ 35,158	\$ 35,159	\$ 40,180	\$40,181
4	\$0	\$ 24,250	\$ 24,251	\$ 30,313	\$ 30,314	\$ 36,375	\$ 36,376	\$ 42,438	\$ 42,439	\$ 48,500	\$48,501
5	\$0	\$ 28,410	\$ 28,411	\$ 35,513	\$ 35,514	\$ 42,615	\$ 42,616	\$ 49,718	\$ 49,719	\$ 56,820	\$56,821
6	\$0	\$ 32,570	\$ 32,571	\$ 40,713	\$ 40,714	\$ 48,855	\$ 48,856	\$ 56,998	\$ 56,999	\$ 65,140	\$65,141
7	\$0	\$ 36,730	\$ 36,731	\$ 45,913	\$ 45,914	\$ 55,095	\$ 55,096	\$ 64,278	\$ 64,279	\$ 73,460	\$73,461
8	\$0	\$ 40,890	\$ 40,891	\$ 51,113	\$ 51,114	\$ 61,335	\$ 61,336	\$ 71,558	\$ 71,559	\$ 81,780	\$81,781
9	\$0	\$ 45,050	\$ 45,051	\$ 56,313	\$ 56,314	\$ 67,575	\$ 67,576	\$ 78,838	\$ 78,839	\$ 90,100	\$90,101
10	\$0	\$ 49,210	\$ 49,211	\$ 61,513	\$ 61,514	\$ 73,815	\$ 73,816	\$ 86,118	\$ 86,119	\$ 98,420	\$98,421
Flat Fee	\$25		\$30		\$35		\$40		\$45		Patient Pays Full Charges or Upfront Cash Discount Available