

**SCHG
SLIDING FEE SCALE**

2024

Services Discounted Rate	Federal Poverty Guideline	Self Pay I 0% - 100%	Self Pay II >101%-125%	Self Pay III >126%-150%	Self Pay IV >151%-175%	Self Pay V >176%-200%	Self Pay VI above 200%					
	Medical	\$10 nominal fee	\$15	\$20	\$25	\$30	Full Fee					
	Behavioral Health	\$10 nominal fee	\$15	\$20	\$25	\$30	Full Fee					
	Other additional services	patient pays 20%	70% (patient pays 30%)	60% (patient pays 40%)	50% (patient pays 50%)	40% (patient pays 60%)	100%					
Family Size	Annual Income											
1	\$15,060	0 - \$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	+
2	\$20,440	0 - \$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	+
3	\$25,820	0 - \$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	+
4	\$31,200	0 - \$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	+
5	\$36,580	0 - \$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	+
6	\$41,960	0 - \$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	+
7	\$47,340	0 - \$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	+
8	\$52,720	0 - \$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	+

For families/households with more than 8 persons, add \$5,380 to annual income for each additional person.

Para las familias y los hogares con más de 8 personas, agregue \$5,380 a ingresos anuales por cada persona adicional.

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size.

Para visitas en que no califiquen para un programa especial o por seguro médico, ofrecemos descuentos basados en su ingreso bruto y por la medida de su familia.

Payment is requested on the date of service.

Su pago se requiere en el día de servicio.