## Traverse Health Clinic Sliding Fee Scale

Persons in family (according to tax return)	Patient pays \$20 if family annual income is at or below 100% FPL	Patient pays \$30 if family annual income is > 100% FPL and up to and including 150%	Patient pays \$40 if family annual income is > 150% FPL and up to and including 175%	Patient pays \$50 if family annual income is > 175% FPL and up to and including 200%	Patient pays 100% of charges if family annual income is > 200% FPL
	100% Federal Poverty Level	150% FPL	175% FPL	200% FPL	Income <u>more</u> than
1	\$12,760	\$19,140	\$22,330	\$25,520	\$25,520
2	\$17,240	\$25,860	\$30,170	\$34,480	\$34,480
3	\$21,720	\$32,580	\$38,010	\$43,440	\$43,440
4	\$26,200	\$39,300	\$45,850	\$52,400	\$52,400
5	\$30,680	\$46,020	\$53,690	\$61,360	\$61,360
6	\$35,160	\$52,740	\$61,530	\$70,320	\$70,320
7	\$39,640	\$59,460	\$69,370	\$79,280	\$79,280
8	\$44,120	\$66,180	\$77,210	\$88,240	\$88,240
For each additional family					
member, add	\$4,480	\$6,720	\$7,840	\$8,960	