## 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 \$40 if family annual income is > 100% FPL and up to and including 150%	Patient pays \$60 if family annual income is > 150% FPL and up to and including 175%	Patient pays \$70 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	\$12,490	\$18,735	\$21,858	\$24,980	\$24,980
2	\$16,910	\$25,365	\$29,593	\$33,820	\$33,820
3	\$21,330	\$31,995	\$37,328	\$42,660	\$42,660
4	\$25,750	\$38,625	\$45,063	\$51,500	\$51,500
5	\$30,170	\$45,255	\$52,798	\$60,340	\$60,340
6	\$34,590	\$51,885	\$60,533	\$69,180	\$69,180
7	\$39,010	\$58,515	\$68,268	\$78,020	\$78,020
8	\$43,430	\$65,145	\$76,003	\$86,860	\$86,860
For each additional family	44.400	<b>#C C20</b>	<b>\$7.725</b>	<b>#0.040</b>	
member, add	\$4,420	\$6,630	\$7,735	\$8,840	