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 greater than 100% FPL and up to and including 150%	Patient pays \$40 if family annual income is greater than 150% FPL and up to and including 175%	Patient pays \$50 if family annual income is greater than 175% FPL and up to and including 200%	Patient pays 100% of charges if family annual income is greater than 200% FPL
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1	\$13,590	\$20,385	\$23,783	\$27,180	\$27,180
2	\$18,310	\$27,465	\$32,043	\$36,620	\$36,620
3	\$23,030	\$34,545	\$40,303	\$46,060	\$46,060
4	\$27,750	\$41,625	\$48,563	\$55,500	\$55,500
5	\$32,470	\$48,705	\$56,823	\$64,940	\$64,940
6	\$37,190	\$55,785	\$65,083	\$74,380	\$74,380
7	\$41,910	\$62,865	\$73,343	\$83,820	\$83,820
8	\$46,630	\$69,945	\$81,603	\$93,260	\$93,260
For each additional family member, add	\$4,720	\$7,080	\$8,260	\$9,440	

NOTICE TO PATIENTS: This practice serves all patients regardless of inability to pay. Discounts for essential services are offered based on your family size & income. For more information, ask at the front desk or visit our website. Thank you!