

Traverse Health Clinic
Sliding Fee Scale

Updated January 2025

Persons in family (according to tax return)	Patient pays \$10 if family annual income is at or below 100% FPL	Patient pays \$15 if family annual income is greater than 100% FPL and up to and including 150%	Patient pays \$20 if family annual income is greater than 150% FPL and up to and including 175%	Patient pays \$25 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
	100% Federal Poverty Level	150% FPL	175% FPL	200% FPL	Income <u>more</u> than
1	\$15,650	\$23,475	\$27,388	\$31,300	\$31,300
2	\$21,150	\$31,725	\$37,013	\$42,300	\$42,300
3	\$26,650	\$39,975	\$46,638	\$53,300	\$53,300
4	\$32,150	\$48,225	\$56,263	\$64,300	\$64,300
5	\$37,650	\$56,475	\$65,888	\$75,300	\$75,300
6	\$43,150	\$64,725	\$75,513	\$86,300	\$86,300
7	\$48,650	\$72,975	\$85,138	\$97,300	\$97,300
8	\$54,150	\$81,225	\$94,763	\$108,300	\$108,300
For each additional family member, add	\$5,500	\$8,250	\$9,625	\$11,000	

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!*