

**Financial Assistance Program  
Discount/Sliding Fee Schedule**  
Effective March 1, 2018

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Patient Discount	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
Family Size	Annual Income											
1	12140	13354	14568	15782	16996	18210	19424	20638	21852	23066	24280	24281
2	16460	18106	19752	21398	23044	24690	26336	27982	29628	31274	32920	32921
3	20780	22858	24936	27014	29092	31170	33248	35326	37404	39482	41560	41561
4	25100	27610	30120	32630	35140	37650	40160	42670	45180	47690	50200	50201
5	29420	32362	35304	38246	41188	44130	47072	50014	52956	55898	58840	58841
6	33740	37114	40488	43862	47236	50610	53984	57358	60732	64106	67480	67481
7	38060	41866	45672	49478	53284	57090	60896	64702	68508	72314	76120	76121
8	42380	46618	50856	55094	59332	63570	67808	72046	76284	80522	84760	84761
Each Additional	4320	4752	5184	5616	6048	6480	6912	7344	7776	8208	8640	8640

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Patient Discount	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
Family Size	Monthly Income											
1	1012	1113	1214	1316	1417	1518	1619	1720	1822	1923	2024	2025
2	1372	1509	1646	1784	1921	2058	2195	2332	2470	2607	2744	2745
3	1732	1905	2078	2252	2425	2598	2771	2944	3118	3291	3464	3465
4	2092	2301	2510	2720	2929	3138	3347	3556	3766	3975	4184	4185
5	2452	2697	2942	3188	3433	3678	3923	4168	4414	4659	4904	4905
6	2812	3093	3374	3656	3937	4218	4499	4780	5062	5343	5624	5625
7	3172	3489	3806	4124	4441	4758	5075	5392	5710	6027	6344	6345
8	3532	3885	4238	4592	4945	5298	5651	6004	6358	6711	7064	7065
Each Additional	360	396	432	468	504	540	576	612	648	684	720	720