

**Financial Assistance Program
Discount/Sliding Fee Schedule
Effective March 1, 2017**

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	12060	13266	14472	15678	16884	18090	19296	20502	21708	22914	24120	24121
2	16240	17864	19488	21112	22736	24360	25984	27608	29232	30856	32480	32481
3	20420	22462	24504	26546	28588	30630	32672	34714	36756	38798	40840	40841
4	24600	27060	29520	31980	34440	36900	39360	41820	44280	46740	49200	49201
5	28780	31658	34536	37414	40292	43170	46048	48926	51804	54682	57560	57561
6	32960	36256	39552	42848	46144	49440	52736	56032	59328	62624	65920	65921
7	37140	40854	44568	48282	51996	55710	59424	63138	66852	70566	74280	74281
8	41320	45452	49584	53716	57848	61980	66112	70244	74376	78508	82640	82641
Each Additional	4180	4598	5016	5434	5852	6270	6688	7106	7524	7942	8360	8360

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Patient Discount	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
Family Size	Monthly Income											
1	1005	1106	1206	1307	1407	1508	1608	1709	1809	1910	2010	2011
2	1353	1488	1624	1759	1894	2030	2165	2300	2435	2571	2706	2707
3	1702	1872	2042	2213	2383	2553	2723	2893	3064	3234	3404	3405
4	2050	2255	2460	2665	2870	3075	3280	3485	3690	3895	4100	4101
5	2398	2638	2878	3117	3357	3597	3837	4077	4316	4556	4796	4797
6	2747	3022	3296	3571	3846	4121	4395	4670	4945	5219	5494	5495
7	3095	3405	3714	4024	4333	4643	4952	5262	5571	5881	6190	6191
8	3443	3787	4132	4476	4820	5165	5509	5853	6197	6542	6886	6887
Each Additional	348	383	418	452	487	522	557	592	626	661	696	696