

2021 Sliding Fee Discount Program Based On 2021 Federal Poverty Guidelines

Poverty Level	0-100%	101-125%		126-150%		151-175%		176-200%		Above 200%
Family Size	At or Below	At or Above								
1	\$12,880	\$12,881	\$16,100	\$16,101	\$19,320	\$19,321	\$22,540	\$22,541	\$25,760	\$25,761
2	\$17,420	\$17,421	\$21,775	\$21,776	\$26,130	\$26,131	\$30,485	\$30,486	\$34,840	\$34,841
3	\$21,960	\$21,961	\$27,450	\$27,451	\$32,940	\$32,941	\$38,430	\$38,431	\$43,920	\$43,921
4	\$26,500	\$26,501	\$33,125	\$33,126	\$39,750	\$39,751	\$46,375	\$46,376	\$53,000	\$53,001
5	\$31,040	\$31,041	\$38,800	\$38,801	\$46,560	\$46,561	\$54,320	\$54,321	\$62,080	\$62,081
6	\$35,580	\$35,581	\$44,475	\$44,476	\$53,370	\$53,371	\$62,265	\$62,266	\$71,160	\$71,161
7	\$40,120	\$40,121	\$50,150	\$50,151	\$60,180	\$60,181	\$70,210	\$70,211	\$80,240	\$80,241
8	\$44,660	\$44,661	\$55,825	\$55,826	\$66,990	\$66,991	\$78,155	\$78,156	\$89,320	\$89,321
For families or households with more than 8 persons, add this amount for each additional person.	\$4,540	\$5,675		\$6,810		\$7,945		\$9,080		
Flat Fee By Service										
Office Visit - Medical - Behavioral Health/Psychiatry - Assessment	\$0	\$5		\$6		\$8		\$10		No Discount
Group Visit	\$0	\$1		\$2		\$4		\$5		