

**Peoples Community Health Clinic  
2024-2025 Sliding Fee Schedule**

Approved: March 8, 2024  
Effective: March 11, 2024

**Patients will be asked to pay their nominal fee, sliding fee amount, or their insurance copay at the time of service. Patients will be billed for any remaining balance based on their insurance or sliding fee category.**

**Monthly Income**

Payment	Pay Nominal Charge	Sliding Fee Amount	Sliding Fee Amount	Sliding Fee Amount	Pay 100%
Medical Fee	Medical \$10	Medical \$15	Medical \$20	Medical \$25	Medical 100%
Dental Fee	Dental \$20 *	Dental \$25 *	Dental \$30 *	Dental \$35 *	Dental 100%
Pharmacy Fee	Pharmacy \$20+cost	Pharmacy \$25+cost	Pharmacy \$30+cost	Pharmacy \$35+cost	Pharmacy 100%
Pay Type	A	B	C	D	Self Pay
Poverty Level	0-100	101-150	151-175	176-200	Over 200
Family Size					
1	\$ 1,255	\$ 1,256 -1883	\$ 1,884 -2196	\$ 2,197 -2510	\$ 2,511
2	\$ 1,703	\$ 1,704 -2555	\$ 2,556 -2981	\$ 2,982 -3407	\$ 3,408
3	\$ 2,152	\$ 2,153 -3228	\$ 3,229 -3765	\$ 3,766 -4303	\$ 4,304
4	\$ 2,600	\$ 2,601 -3900	\$ 3,901 -4550	\$ 4,551 -5200	\$ 5,201
5	\$ 3,048	\$ 3,049 -4573	\$ 4,574 -5335	\$ 5,336 -6097	\$ 6,098
6	\$ 3,497	\$ 3,498 -5245	\$ 5,246 -6119	\$ 6,120 -6993	\$ 6,994
7	\$ 3,945	\$ 3,946 -5918	\$ 5,919 -6904	\$ 6,905 -7890	\$ 7,891
8	\$ 4,393	\$ 4,394 -6590	\$ 6,591 -7688	\$ 7,689 -8787	\$ 8,788
9	\$ 4,842	\$ 4,843 -7263	\$ 7,264 -8473	\$ 8,474 -9683	\$ 9,684
10	\$ 5,290	\$ 5,291 -7935	\$ 7,936 -9258	\$ 9,259 -10580	\$ 10,581
11	\$ 5,738	\$ 5,739 -8608	\$ 8,609 -10042	\$ 10,043 -11477	\$ 11,478
12	\$ 6,187	\$ 6,188 -9280	\$ 9,281 -10827	\$ 10,828 -12373	\$ 12,374
13	\$ 6,635	\$ 6,636 -9953	\$ 9,954 -11611	\$ 11,612 -13270	\$ 13,271
14	\$ 7,083	\$ 7,084 -10625	\$ 10,626 -12396	\$ 12,397 -14167	\$ 14,168
15	\$ 7,532	\$ 7,533 -11298	\$ 11,299 -13180	\$ 13,181 -15063	\$ 15,064

**Yearly Income**

Payment	Pay Nominal Charge	Sliding Fee Amount	Sliding Fee Amount	Sliding Fee Amount	Pay 100%
Medical Fee	Medical \$10	Medical \$15	Medical \$20	Medical \$25	Medical 100%
Dental Fee	Dental \$20 *	Dental \$25 *	Dental \$30 *	Dental \$35 *	Dental 100%
Pharmacy Fee	Pharmacy \$20+cost	Pharmacy \$25+cost	Pharmacy \$30+cost	Pharmacy \$35+cost	Pharmacy 100%
Pay Type	A	B	C	D	Self Pay
Poverty Level	0-100	101-150	151-175	176-200	Over 200
Family Size					
1	\$ 15,060	\$ 15,061 -22,590	\$ 22,591 -26,355	\$ 26,356 -30,120	\$ 30,121
2	\$ 20,440	\$ 20,441 -30,660	\$ 30,661 -35,770	\$ 35,771 -40,880	\$ 40,881
3	\$ 25,820	\$ 25,821 -38,730	\$ 38,731 -45,185	\$ 45,186 -51,640	\$ 51,641
4	\$ 31,200	\$ 31,201 -46,800	\$ 46,801 -54,600	\$ 54,601 -62,400	\$ 62,401
5	\$ 36,580	\$ 36,581 -54,870	\$ 54,871 -64,015	\$ 64,016 -73,160	\$ 73,161
6	\$ 41,960	\$ 41,961 -62,940	\$ 62,941 -73,430	\$ 73,431 -83,920	\$ 83,921
7	\$ 47,340	\$ 47,341 -71,010	\$ 71,011 -82,845	\$ 82,846 -94,680	\$ 94,681
8	\$ 52,720	\$ 52,721 -79,080	\$ 79,081 -92,260	\$ 92,261 -105,440	\$ 105,441
9	\$ 58,100	\$ 58,101 -87,150	\$ 87,151 -101,675	\$ 101,676 -116,200	\$ 116,201
10	\$ 63,480	\$ 63,481 -95,220	\$ 95,221 -111,090	\$ 111,091 -126,960	\$ 126,961
11	\$ 68,860	\$ 68,861 -103,290	\$ 103,291 -120,505	\$ 120,506 -137,720	\$ 137,721
12	\$ 74,240	\$ 74,241 -111,360	\$ 111,361 -129,920	\$ 129,921 -148,480	\$ 148,481
13	\$ 79,620	\$ 79,621 -119,430	\$ 119,431 -139,335	\$ 139,336 -159,240	\$ 159,241
14	\$ 85,000	\$ 85,001 -127,500	\$ 127,501 -148,750	\$ 148,751 -170,000	\$ 170,001
15	\$ 90,380	\$ 90,381 -135,570	\$ 135,571 -158,165	\$ 158,166 -180,760	\$ 180,761

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\* Sliding fee scale does not apply to dental lab costs. Dental lab costs are passed onto the patient and must be paid prior to the lab procedure.