



**FQHC SLIDING-FEE SCALE DISCOUNT SCHEDULE**  
 Based on Federal Poverty Level (FPL) established yearly by  
 U.S Department of Health and Human Services  
**2018**

\_\_\_\_\_Amount or Percentage of Fee Patient Pays\_\_\_\_\_

**ANNUAL INCOME**

	\$0 Fee	20%	40%	60%	80%	100%
<u>Number In Family</u>	<u>Income up to 100% FPL</u>	<u>Income up to 125% FPL</u>	<u>Income up to 150% FPL</u>	<u>Income up to 175% FPL</u>	<u>Income up to 200% FPL</u>	<u>Income Greater Than 200% FPL</u>
1	\$12,140	\$15,175	\$18,210	\$21,245	\$24,280	\$24,280
2	\$16,460	\$20,575	\$24,690	\$28,805	\$32,920	\$32,920
3	\$20,780	\$25,975	\$31,170	\$36,365	\$41,560	\$41,560
4	\$25,100	\$31,375	\$37,650	\$43,925	\$50,200	\$50,200
5	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840	\$58,840
6	\$33,740	\$42,175	\$50,610	\$59,045	\$67,480	\$67,480
7	\$38,060	\$47,575	\$57,090	\$66,605	\$76,120	\$76,120
8	\$42,380	\$52,975	\$63,570	\$74,165	\$84,760	\$84,760

**For family units with more than 8 members, add \$4,320 for each additional member**

<https://aspe.hhs.gov/poverty-guidelines>