## **Sliding Fee Scale for**



## 2022 Federal Poverty Level Based on Monthly Income by Family Size

Office Visit	\$30 Nominal Fee	\$40 Minimum Fee	\$50 Minimum Fee	\$60 Minimum Fee	\$185 FULL FEE
Nurse Visit	\$5 Nominal Fee	\$10 Minimum Fee	\$15 Minimum Fee	\$20 Minimum Fee	\$40 Full Fee
Family Size	0-100%	101 - 133%	134 - 150%	151 - 200%	Over 200%
1	\$1,132.50	\$1,506.23	\$1,698.75	\$2,265.00	\$2,265.01 and over
2	\$1,525.83	\$2,029.35	\$2,288.75	\$3,051.66	\$3,051.67 and over
3	\$1,919.17	\$2,552.50	\$2,878.76	\$3,838.34	\$3,838.35 and over
4	\$2,312.50	\$3,075.63	\$3,468.75	\$4,625.00	\$4,625.01 and over
5	\$2,705.83	\$3,598.75	\$4,058.75	\$5,411.66	\$5,411.67 and over
6	\$3,099.17	\$4,121.90	\$4,648.76	\$6,198.34	\$6,198.35 and over
7	\$3,492.50	\$4,645.03	\$5,238.75	\$6,985.00	\$6,985.01 and over
8	\$3,885.83	\$5,168.15	\$5,828.75	\$7,771.66	\$7,771.67 and over
Each additional person +8	\$393.33	\$523.13	\$590.00	\$786.66	\$786.66

## FULL FEE \$185 per visit (\$40 for Nurse Visit)

All above Services- Income Above 200% of Federal Poverty Guidelines or No Proof of Income

https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines

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