



<b>Sliding Fee Scale</b>						
<b>Primary Care, Dental, and Behavioral Health</b>						
<b>(Per 2018 Federal Poverty Guideline) eff. 1-1-18</b>						
	Poverty Level At or below 100%	Poverty Level At or below 125%	Poverty Level At or below 150%	At Poverty Level At or below 175%	Poverty Level At or below 200%	Poverty Level Above 200%
Patient Pays	0% (\$5 Nominal fee)	20%	40%	60%	80%	100%
# of Persons in Household	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income	Maximum Yearly Household Income
1	\$ 0.00 - \$12,140	\$ 12,141-\$15,175	\$ 15,176-\$18,210	\$ 18,211-\$21,245	\$ 21,246-\$24,280	\$ 24,281 - greater
2	\$ 0.00 - \$16,460	\$ 16,461-\$20,575	\$ 20,576-\$24,690	\$ 24,691-\$28,805	\$ 28,806-\$32,940	\$ 32,941 - greater
3	\$ 0.00 - \$20,780	\$ 20,781-\$23,975	\$ 23,976-\$31,170	\$ 31,171-\$36,365	\$ 36,366-\$41,560	\$ 41,561 - greater
4	\$ 0.00 - \$25,100	\$ 25,101 - \$31,375	\$ 31,376-\$37,650	\$ 37,651-\$43,925	\$ 43,926-\$50,200	\$ 50,201 - greater
5	\$ 0.00 - \$29,420	\$ 29,421-\$36,775	\$ 36,776-\$44,130	\$ 44,131-\$51,485	\$ 51,486-\$58,840	\$ 58,841 - greater
6	\$ 0.00 - \$33,740	\$ 33,741-\$42,175	\$ 42,176-\$50,610	\$ 50,611-\$59,045	\$ 59,046-\$67,480	\$ 67,481 - greater
7	\$ 0.00 - \$38,060	\$ 38,061-\$47,575	\$ 47,576-\$57,090	\$ 57,091-\$66,605	\$ 66,606-\$76,120	\$ 76,121 - greater
8	\$ 0.00 - \$42,380	\$ 42,381-\$52,975	\$ 52,976-\$63,570	\$ 63,571-\$74,165	\$ 74,166-\$84,760	\$ 84,761 - greater
For additional person add:	\$4,320	\$5,400	\$6,480	\$7,560	\$8,640	\$8,640

\*Team Wellness center offers Medical Care Discounts.

\*No one will be denied services due to their inability to pay.

\*Discounts do not apply to supplies and equipment (e.g., dentures and durable medical equipment)-see case manager for other assistance in this area

**Qualifications:**

- 1) Family size and income range
- 2) Application Approved