

Fee Assistance Based on Income and Family Size*

Effective 7/1/2023-6/30/2024

Family Size	Nominal Fee (\$5 outpatient and \$25 inpatient)	Pay 20%	Pay 40%	Pay 70%	Pay 90%	No discount
1	0 to \$21,870	\$21,871 to \$29,160	\$29,161 to \$36,450	\$36,451 to \$43,740	\$43,741 to \$51,030	\$51,031 +
2	0 to \$29,580	\$29,581 to \$39,440	\$39,441 to \$49,300	\$49,301 to \$59,160	\$59,161 to \$69,020	\$69,021 +
3	0 to \$37,290	\$37,291 to \$49,720	\$49,721 to \$62,150	\$62,151 to \$74,580	\$74,581 to \$87,010	\$87,011 +
4	0 to \$45,000	\$45,001 to \$60,000	\$60,001 to \$75,000	\$75,001 to \$90,000	\$90,001 to \$105,000	\$105,001 +
5	0 to \$52,710	\$52,711 to \$70,280	\$70,281 to \$87,850	\$87,851 to \$105,420	\$105,421 to \$122,990	\$122,991 +
6	0 to \$60,420	\$60,421 to \$80,560	\$80,561 to \$100,700	\$100,701 to \$120,840	\$120,841 to \$140,980	\$140,981 +
7	0 to \$68,130	\$68,131 to \$90,840	\$90,841 to \$113,550	\$113,551 to \$136,260	\$136,261 to \$158,970	\$158,971 +
8	0 to \$75,840	\$75,841 to \$101,120	\$101,121 to \$126,400	\$126,401 to \$151,680	\$151,681 to \$176,960	\$176,961 +
9	0 to \$83,550	\$83,551 to \$111,400	\$111,401 to \$139,250	\$139,251 to \$167,100	\$167,101 to \$194,950	\$194,951 +
For each add'l person add:	\$7,710	\$10,280	\$12,850	\$15,420	\$17,990	\$17,990

*Based on 2023 Federal Poverty Guidelines

Directions:

Find your family size in the left column and the box on that row that includes your total annual family income. The percentage of the fees you will pay are noted at the top of the column.