

Sliding Fee Scale and Schedule of Discounts

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family or Household	2019 Poverty Guideline
1	\$ 12,140
2	\$ 16,910
3	\$ 21,330
4	\$ 25,750
5	\$ 30,170
6	\$ 34,590
7	\$ 39,010
8	\$ 43,430
For families with more than 8 persons, add	\$ 4,420



LA CLÍNICA DEL PUEBLO

<https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines>

Federal Register January 31, 2019, 82 FR 8831, Pages: 8831-8832, Document Number 2017-02076

La Clinica del Pueblo -- 2019 Sliding Fee Scale and Schedule of Discounts

Level	A	B	C	D	E		F	G	H	Not eligible for RW coverage over 500%
Lower Limit	0%	101%	126%	151%	176%		201%	251%	301%	RW
Upper limit	100%	125%	150%	175%	200%		250%	300%	and over	Threshold
Family Size										
1	\$ 12,140	\$ 15,175	\$ 18,210	\$ 21,245	\$ 24,280		\$ 30,350	\$ 36,420	\$ 36,421	\$ 60,701
2	\$ 16,910	\$ 21,138	\$ 25,365	\$ 29,593	\$ 33,820		\$ 42,275	\$ 50,730	\$ 50,731	\$ 84,551
3	\$ 21,330	\$ 26,663	\$ 31,995	\$ 37,328	\$ 42,660		\$ 53,325	\$ 63,990	\$ 63,991	\$ 106,651
4	\$ 25,750	\$ 32,188	\$ 38,625	\$ 45,063	\$ 51,500		\$ 64,375	\$ 77,250	\$ 77,251	\$ 128,751
5	\$ 30,170	\$ 37,713	\$ 45,255	\$ 52,798	\$ 60,340		\$ 75,425	\$ 90,510	\$ 90,511	\$ 150,851
6	\$ 34,590	\$ 43,238	\$ 51,885	\$ 60,533	\$ 69,180		\$ 86,475	\$ 103,770	\$ 103,771	\$ 172,951
7	\$ 39,010	\$ 48,763	\$ 58,515	\$ 68,268	\$ 78,020		\$ 97,525	\$ 117,030	\$ 117,031	\$ 195,051
8	\$ 43,430	\$ 54,288	\$ 65,145	\$ 76,003	\$ 86,860		\$ 108,575	\$ 130,290	\$ 130,291	\$ 217,151
9	\$ 47,850	\$ 59,813	\$ 71,775	\$ 83,738	\$ 95,700		\$ 119,625	\$ 143,550	\$ 143,551	\$ 239,251
10	\$ 52,270	\$ 65,338	\$ 78,405	\$ 91,473	\$ 104,540		\$ 130,675	\$ 156,810	\$ 156,811	\$ 261,351
Medical Services*	\$0	\$ 10	\$ 15	\$ 20	\$ 25	General	Full Fee	Full Fee	Full Fee	Full Fee
						Ryan White	\$30	\$30	\$30	Full Fee
						Title X	\$30	\$30	Full Fee	Full Fee
Mental Health and Substance Abuse Services	\$2 or waiver	\$ 5	\$ 8	\$ 10	\$ 15	Individual	Full Fee	Full Fee	Full Fee	Full Fee
						Group***	Full Fee	Full Fee	Full Fee	Full Fee
						Ryan White	\$20	\$20	\$30	Full Fee

*Medical Services Fees are applied to office visits with clinician and immunizations (not PPD) only

** Mental Health and Substance Abuse services are applied to individual and group visits with mental health or substance abuse

***Families may apply for waiver of group fees for children, for TeleMental Health or for Services at Northwestern High School