

2021 Annual Income

Household/ Family Size	100% From- Thru	125% From - Thru	150% From - Thru	175% From - Thru	200% From - Thru	>200 Self Pay
1	\$0 - \$12,880	\$12,881- \$16,100	\$16,101-\$19,320	\$19,321- \$22,540	\$22,541- \$25,760	\$25,761
2	\$0 - \$17,420	\$17,421- \$21,775	\$21,776- \$26,130	\$26,131 \$30,485-	\$30,486- \$34,840	\$34,841
3	\$0 - \$21,960	\$21,961- \$27,450	\$27,451- \$32,940	\$32,941- \$38,430	\$38,431- \$43,920	\$43,921
4	\$0 - \$26,500	\$26,501- \$33,125	\$33,126- \$39,750	\$39,751- \$46,375	\$46,376- \$53,000	\$53,001
5	\$0 - \$31,040	\$31,041- \$38,800	\$38,801- \$46,560	\$46,561- \$54,320	\$54,321- \$61,080	\$61,081
6	\$0 - \$35,580	\$35,581- \$44,475	\$44,476- \$53,370	\$53,371- \$62,265	\$62,266- \$71,160	\$71,161
7	\$0 - \$40,120	\$44,476- \$51,150	\$51,151- \$60,180	\$60,181- \$70,210	\$70,211- \$80,240	\$80,241
8	\$0 - \$44,660	\$44,661- \$55,825	\$55,826- \$66,990	\$66,991- \$78,155	\$78,156- \$89,320	\$89,321
9	\$0 - \$49,200	\$49,201- \$61,500	\$61,501- \$73,800	\$73,801- \$86,100	\$86,101- \$98,400	\$98,401
10	\$0 - \$53,740	\$53,741- \$67,175	\$67,176- \$80,610	\$80,611- \$94,045	\$94,046- \$107,480	\$107,481
11	\$0 - \$58,280	\$58,281- \$72,850	\$72,851- \$87,420	\$87,421- \$101,990	\$101,991- \$116,560	\$116,561
12	\$0 - \$62,820	\$62,821- \$78,525	\$78,526- \$94,230	\$94,231- \$109,935	\$109,936- \$125,640	\$125,641
13	\$0 - \$67,360	\$67,361- \$84,200	\$84,201- \$101,040	\$101,041- \$117,880	\$117,881- \$134,720	\$134,721
14	\$0 - \$71,900	\$71,901- \$89,875	\$89,876- \$107,850	\$107,851- \$125,825	\$125,826- \$143,800	\$143,801
Fee	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	100% of fee schedule

****If patient income exceeds 200% of poverty level, collect \$50.00 as a deposit and advise patient remainder will be billed.****

Monthly Income

Household/ Family Size	100%	125%	150%	175%	200%	>200 Self Pay
1	\$0 - \$1,073	\$1,074- \$1,342	\$1,343- \$1,610	\$1,611- \$1,878	\$1,879- \$2,147	\$2,148
2	\$0 - \$1,452	\$1,453- \$1,815	\$1,816- \$2,178	\$2,179- \$2,540	\$2,541- \$2,903	\$2,904
3	\$0 - \$1,830	\$1,831- \$2,288	\$2,289- \$2,745	\$2,746- \$3,203	\$3,204- \$3,660	\$3,661
4	\$0 - \$2,208	\$2,209- \$2,760	\$2,761- \$3,313	\$3,314- \$3,865	\$3,866- \$4,417	\$4,418
5	\$0 - \$2,587	\$2,588- \$3,233	\$3,234- \$3,880	\$3,881- \$4,527	\$4,528- \$5,173	\$5,174
6	\$0 - \$2,965	\$2,966- \$3,706	\$3,707- \$4,448	\$4,449- \$5,189	\$5,190- \$5,930	\$5,931
7	\$0 - \$3,343	\$3,344- \$4,179	\$4,180- \$5,015	\$5,016- \$5,851	\$5,852- \$6,687	\$6,688
8	\$0 - \$3,722	\$3,723- \$4,652	\$4,653- \$5,583	\$5,584- \$6,513	\$6,514- \$7,443	\$7,444
9	\$0 - \$4,100	\$4,101- \$5,125	\$5,126- \$6,150	\$6,151- \$7,175	\$7,176- \$8,200	\$8,201
10	\$0 - \$4,478	\$4,479- \$5,598	\$5,599- \$6,718	\$6,719- \$7,837	\$7,838- \$8,957	\$8,958
11	\$0 - \$4,857	\$4,858- \$6,071	\$6,072- \$7,285	\$7,286- \$8,499	\$8,500- \$9,713	\$9,714
12	\$0 - \$5,235	\$5,236- \$6,544	\$6,545- \$7,853	\$7,854- \$9,161	\$9,162- \$10,470	\$10,471
13	\$0 - \$5,613	\$5,614- \$7,017	\$7,018- \$8,420	\$8,421- \$9,823	\$9,824- \$11,227	\$11,228
14	\$0 - \$5,992	\$5,993- \$7,490	\$7,491- \$8,988	\$8,989- \$10,485	\$10,486- \$11,983	\$11,984
Fee	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	100% of fee schedule

If patient income exceeds 200% of poverty level, collect \$50.00 as a deposit and advise patient remainder will be billed.