

CHESTNUT FAMILY HEALTH CENTER

SLIDING FEE SCALE Effective March 1, 2024

Based on 2024 Federal Poverty Guidelines

	No clinic fee	\$10 clinic fee	\$12 clinic fee	\$14 clinic fee	\$15 clinic fee
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PERCENT OF POVERTY GUIDELINES

Family Size	No Income	1% - 100%	101% - 150%	151% - 175%	176% - 200%
1	\$0	\$15,060	\$22,590	\$26,355	\$30,120
2	\$0	\$20,440	\$30,660	\$35,770	\$40,880
3	\$0	\$25,820	\$38,730	\$45,185	\$51,640
4	\$0	\$31,200	\$46,800	\$54,600	\$62,400
5	\$0	\$36,580	\$54,870	\$64,015	\$73,160
6	\$0	\$41,960	\$62,940	\$73,430	\$83,920
7	\$0	\$47,340	\$71,010	\$82,845	\$94,680
8	\$0	\$52,720	\$79,080	\$92,260	\$105,440

For family units of more than 8 members, add the following for each additional member:

No income	\$0
1% - 100%	\$5,380
101% - 150%	\$8,070
151% - 175%	\$9,415
176% - 200%	\$10,760