

Southwest Healthcare Services Sliding Fee Schedule

Poverty Level	100% of Poverty	125% of Poverty	150 % of Poverty	175% of Poverty	200 % of Poverty	Above 200% of Poverty
Size of Family	Fee is Waived	Pay 20%	Pay 40%	Pay 60%	Pay 80%	Pay in Full
1	\$0-\$15060	\$15061-\$18825	\$18826-\$22590	\$22591-\$26344	\$26345-\$30120	\$30121+
2	\$0-\$20440	\$20441-\$25550	\$25551-\$30660	\$30661-\$35770	\$35771-\$36792	\$36793+
3	\$0-\$25820	\$25821-\$32275	\$32276-\$38730	\$38731-\$45185	\$45186-\$51640	\$51641+
4	\$0-\$31200	\$31201-\$39000	\$39001-\$46800	\$46801-\$54600	\$54601-\$62400	\$62401+
5	\$0-\$36580	\$36580-\$45725	\$45726-\$54870	\$54871-\$64015	\$64016-\$73160	\$73161+
6	\$0-\$41960	\$41961-\$52450	\$52451-\$62940	\$62941-\$73430	\$73431-\$83920	\$83921+
7	\$0-\$47340	\$47341-\$59175	\$59176-\$71010	\$71011-\$82845	\$82846-\$94680	\$94681+
8	\$0-\$52720	\$52721-\$65900	\$65901-\$79080	\$79080-\$92260	\$92261-\$105440	\$105440+
For each additional person, add	\$5380					