

Traverse Health Clinic
Sliding Fee Scale

Updated January 2024

Persons in family (according to tax return)	Patient pays \$10 if family annual income is at or below 100% FPL	Patient pays \$15 if family annual income is greater than 100% FPL and up to and including 150%	Patient pays \$20 if family annual income is greater than 150% FPL and up to and including 175%	Patient pays \$25 if family annual income is greater than 175% FPL and up to and including 200%	Patient pays 100% of charges if family annual income is greater than 200% FPL
	100% Federal Poverty Level	150% FPL	175% FPL	200% FPL	Income <u>more</u> than
1	\$15,060	\$22,590	\$26,355	\$30,120	\$30,120
2	\$20,440	\$30,660	\$35,770	\$40,880	\$40,880
3	\$25,820	\$38,730	\$45,185	\$51,640	\$51,640
4	\$31,200	\$46,800	\$54,600	\$62,400	\$62,400
5	\$36,580	\$54,870	\$64,015	\$73,160	\$73,160
6	\$41,960	\$62,940	\$73,430	\$83,920	\$83,920
7	\$47,340	\$71,010	\$82,845	\$94,680	\$94,680
8	\$52,720	\$79,080	\$92,260	\$105,440	\$105,440
For each additional family member, add	\$5,380	\$8,070	\$9,415	\$10,760	

NOTICE TO PATIENTS: *This practice serves all patients regardless of inability to pay. Discounts for essential services are offered based on your family size & income. For more information, ask at the front desk or visit our website. Thank you!*