Sliding Scale Fee Codes – SCCC
Effective 03/01/2020

Family Size (including patient)	Code 1		Code 2		Code 3		Code 4		Code 5		Code 6	
	100% poverty level		101%-133% poverty level		134 %- 150% Poverty level		151% - 200% Poverty level		201%- 250% Poverty level		251% - 300% Poverty Level	
	Gross Annual Salary		Gross Annual Salary		Gross Annual Salary		Gross Annual Salary		Gross Annual Salary		Gross Annual Salary	
	min	max	min	max	min	max	min	max	min	max	min	max
1 Person	$ -	$ 12,760	$ 12,761	$ 16,971	$ 16,972	$ 19,140	$ 19,141	$ 25,520	$ 25,521	$ 31,900	$ 31,901	$ 38,280
2 People	$ -	$ 17,240	$ 17,241	$ 22,929	$ 22,930	$ 25,860	$ 25,861	$ 34,480	$ 34,481	$ 43,100	$ 43,101	$ 51,720
3 People	$ -	$ 21,720	$ 21,721	$ 28,888	$ 28,889	$ 32,580	$ 32,581	$ 43,440	$ 43,441	$ 54,300	$ 54,301	$ 65,160
4 people	$ -	$ 26,200	$ 26,201	$ 34,846	$ 34,847	$ 39,300	$ 39,301	$ 52,400	$ 52,401	$ 65,500	$ 65,501	$ 78,600
5 People	$ -	$ 30,680	$ 30,681	$ 40,804	$ 40,805	$ 46,020	$ 46,021	$ 61,360	$ 61,361	$ 76,700	$ 76,701	$ 92,040
6 People	$ -	$ 35,160	$ 35,161	$ 46,763	$ 46,764	$ 52,740	$ 52,741	$ 70,320	$ 70,321	$ 87,900	$ 87,901	$ 105,480
7 People	$ -	$ 39,640	$ 39,641	$ 52,721	$ 52,722	$ 59,460	$ 59,481	$ 79,280	$ 79,281	$ 99,100	$ 99,101	$ 118,920
8 People	$ -	$ 44,120	$ 44,121	$ 58,680	$ 58,681	$ 66,180	$ 66,181	$ 88,240	$ 88,241	$ 110,300	$ 110,301	$ 132,360
MEDICAL COPAY	$ 20.00		$ 40.00		$ 50.00		$ 60.00		$ 70.00		$ 80.00	
DENTAL	see sliding fee policy		60% discount		50% discount		40% discount		30% discount		20% discount	

discounts for FC levels are provided by state and other non-federal grants and contributions

* for families with more than 8 persons, ad $4,480 for each additional person