

REVIEWED ACCORDING TO GROSS MONTHLY INCOME

DODDRIDGE COUNTY HEALTH DEPARTMENT  
 CLINICAL SERVICES  
 SLIDING FEE SCALE

FAMILY SIZE	FPL 100% PAT. RESP. 0%	FPL 101%-150% PAT. RESP. 25%	FPL 151%-200% PAT. RESP. 50%	FPL 201%-250% PAT. RESP. 75%	FPL >250% PAT. RESP. 100%
1	\$981	\$1472	\$1962	\$2453	\$2454
2	\$1328	\$1992	\$2655	\$3319	\$3320
3	\$1675	\$2646	\$3349	\$4186	\$4187
4	\$2021	\$3032	\$4042	\$5053	\$5054
5	\$2368	\$3552	\$4735	\$5919	\$5920
6	\$2715	\$4072	\$5429	\$6786	\$6787
7	\$3061	\$4592	\$6122	\$7653	\$7654
8	\$3408	\$5112	\$6815	\$8519	\$8520
EACH ADDITIONAL FAMILY MEMBER	\$347	\$520	\$694	\$867	\$868

\*PATIENT RESPONSIBILITY IS PERCENTAGE OF TOTAL BILL DUE AT TIME OF SERVICE DEPENDING ON WHAT CATEGORY OF THE FEDERAL POVERTY LEVEL THEY FALL UNDER ON THIS SLIDING FEE SCALE.\*

BASED ON FEDERAL POVERTY LEVELS FROM FEDERAL REGISTER  
 JULY 2015

