

Delhi Community Health Center
Sliding Scale 2018

A	C			D			E			F			G	
FAMILY SIZE	A. \$20 Minimum Pay			B. Patient Owes 25% of Charge			C. Patient Owes 50% of Charge			D. Patient Owes 75% of Charge			E. Patient Owes 100% of Charge	
1	\$0	TO	\$12,140	\$12,141	TO	\$18,210	\$18,211	TO	\$21,245	\$21,246	TO	\$24,280	over	\$24,280.00
2	\$0	TO	\$16,460	\$16,461	TO	\$24,690	\$24,691	TO	\$28,805	\$28,806	TO	\$32,920	over	\$32,920.00
3	\$0	TO	\$20,780	\$20,781	TO	\$31,170	\$31,171	TO	\$36,365	\$36,366	TO	\$41,560	over	\$41,560.00
4	\$0	TO	\$25,100	\$25,101	TO	\$37,650	\$37,651	TO	\$43,925	\$43,926	TO	\$50,200	over	\$50,200.00
5	\$0	TO	\$29,420	\$29,421	TO	\$44,130	\$44,131	TO	\$51,485	\$51,486	TO	\$58,840	over	\$58,840.00
6	\$0	TO	\$33,740	\$33,741	TO	\$50,610	\$50,611	TO	\$59,045	\$59,046	TO	\$67,480	over	\$67,480.00
7	\$0	TO	\$38,060	\$38,061	TO	\$57,090	\$57,091	TO	\$66,605	\$66,606	TO	\$76,120	over	\$76,120.00
8	\$0	TO	\$42,380	\$42,381	TO	\$63,570	\$63,571	TO	\$74,165	\$74,166	TO	\$84,760	over	\$84,760.00
9	\$0	TO	\$46,700	\$46,701	TO	\$70,050	\$70,051	TO	\$81,725	\$81,726	TO	\$93,400	over	\$93,400.00
10	\$0	TO	\$51,020	\$51,021	TO	\$76,530	\$76,531	TO	\$89,285	\$89,286	TO	\$102,040	over	\$102,040.00

Each additic 100% 150.00% 175.00% 200.00% >200%

family Member \$4320
Nominal Fee \$20.00