

**DELHI COMMUNITY HEALTH CENTER  
SLIDING FEE SCALE  
2017**

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	\$11,880	\$11,881	TO	\$17,820	\$17,821	TO	\$20,790	\$20,791	TO	\$23,760	over	\$23,760.00
2	\$0	TO	\$16,020	\$16,021	TO	\$24,030	\$24,031	TO	\$28,035	\$28,036	TO	\$32,040	over	\$32,040.00
3	\$0	TO	\$20,160	\$20,161	TO	\$30,240	\$30,241	TO	\$35,280	\$35,281	TO	\$40,320	over	\$40,320.00
4	\$0	TO	\$24,300	\$24,301	TO	\$36,450	\$36,451	TO	\$42,525	\$42,526	TO	\$48,600	over	\$48,600.00
5	\$0	TO	\$28,440	\$28,441	TO	\$42,660	\$42,661	TO	\$49,770	\$49,771	TO	\$56,880	over	\$56,880.00
6	\$0	TO	\$32,580	\$32,581	TO	\$48,870	\$48,871	TO	\$57,015	\$57,016	TO	\$65,160	over	\$65,160.00
7	\$0	TO	\$36,730	\$36,731	TO	\$55,095	\$55,096	TO	\$64,278	\$64,279	TO	\$73,460	over	\$73,460.00
8	\$0	TO	\$40,890	\$40,891	TO	\$61,335	\$61,336	TO	\$71,558	\$71,559	TO	\$81,780	over	\$81,780.00
9	\$0	TO	\$45,050	\$45,051	TO	\$67,575	\$67,576	TO	\$78,838	\$78,839	TO	\$90,100	over	\$90,100.00
10	\$0	TO	\$49,210	\$49,211	TO	\$73,815	\$73,816	TO	\$86,118	\$86,119	TO	\$98,420	over	\$98,420.00

Each Additional Family Member \$4,160  
Minimum Fee \$20.00

150.00%

175.00%

200.00%