

**Manet Community Health Center
Sliding Fee Scale
FPL Effective January 1, 2018**

Family Size	Low Income		
	100%	133% range	
1	12,140	12,141	16,146
2	16,460	16,461	21,892
3	20,780	20,781	27,637
4	25,100	25,101	33,383
5	29,420	29,421	39,129
6	33,740	33,741	44,874
7	38,060	38,061	50,620
8	42,380	42,381	56,365
Each Add'l Person	4,320		5,746

Charge to Patient: \$0.00 \$10.00

Family Size	*Partial Sliding Fee Discount					
	*150% range		185% range		200% range	
1	16,147	18,210	18,211	22,459	22,460	24,280
2	21,893	24,690	24,691	30,451	30,452	32,920
3	27,638	31,170	31,171	38,443	38,444	41,560
4	33,384	37,650	37,651	46,435	46,436	50,200
5	39,130	44,130	44,131	54,427	54,428	58,840
6	44,875	50,610	50,611	62,419	62,420	67,480
7	50,621	57,090	57,091	70,411	70,412	76,120
8	56,366	63,570	63,571	78,403	78,404	84,760
Each Add'l Person		6,480		7,992		8,640

Charge to Patient: \$17.00 \$34.00 \$51.00