

WHOLE HEALTH CLINICAL GROUP SLIDING FEE SCHEDULE 2024

YEARLY GROSS INCOME											
FEE	\$0		\$10		\$20		\$30		FULL FEE		
	Under 100%		101-150%		151-175%		176-200%		Above 201%		
Family Size		INCOME									
1	\$0	\$15,060	\$15,061	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	and higher	
2	\$0	\$20,440	\$20,441	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	and higher	
3	\$0	\$25,820	\$25,821	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	and higher	
4	\$0	\$31,200	\$31,201	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	and higher	
5	\$0	\$36,580	\$36,581	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	and higher	
6	\$0	\$41,960	\$41,961	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	and higher	
7	\$0	\$47,340	\$47,341	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	and higher	
8	\$0	\$52 <i>,</i> 720	\$52,721	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	and higher	

MONTHLY GROSS INCOME											
FEE	\$0		\$10		\$20		\$30		FULL FEE		
Family Size	INCOME										
1	\$0	\$1,255	\$1,255	\$1,883	\$1,883	\$2,196	\$2,196	\$2,510	\$2,510	and higher	
2	\$0	\$1,703	\$1,703	\$2,555	\$2,555	\$2,981	\$2,981	\$3,407	\$3,407	and higher	
3	\$0	\$2,152	\$2,152	\$3,228	\$3,228	\$3,765	\$3,766	\$4,303	\$4,303	and higher	
4	\$0	\$2,600	\$2,600	\$3,900	\$3,900	\$4,550	\$4,550	\$5,200	\$5,200	and higher	
5	\$0	\$3,048	\$3,048	\$4,573	\$4,573	\$5,335	\$5,335	\$6,097	\$6,097	and higher	
6	\$0	\$3,497	\$3,497	\$5,245	\$5,245	\$6,119	\$6,119	\$6,993	\$6,993	and higher	
7	\$0	\$3,945	\$3,945	\$5,918	\$5,918	\$6,904	\$6,904	\$7,890	\$7,890	and higher	
8	\$0	\$4,393	\$4,393	\$6,590	\$6,590	\$7,688	\$7,688	\$8,787	\$8,787	and higher	

No one will be denied services due to inabilty to pay.

Discounts for our services are based on family size and income. Please refer to the chart above.

For more information, please ask a staff member at the front desk or visit our website.