

Sliding Scale INTAKE CPT CODE 90791 FULL FEE = \$200.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$60	\$22,590	\$100	\$26,355	\$140	\$30,120	\$180	\$30,121	\$200
2	0-\$20,440	\$15	\$25,550	\$60	\$30,660	\$100	\$35,770	\$140	\$40,880	\$180	\$40,881	\$200
3	0-\$25,820	\$15	\$32,275	\$60	\$38,730	\$100	\$45,185	\$140	\$51,640	\$180	\$51,641	\$200
4	0-\$31,200	\$15	\$39,000	\$60	\$46,800	\$100	\$54,600	\$140	\$62,400	\$180	\$62,401	\$200
5	0-\$36,580	\$15	\$45,725	\$60	\$54,870	\$100	\$64,015	\$140	\$73,160	\$180	\$73,161	\$200
6	0-\$41,960	\$15	\$52,450	\$60	\$62,940	\$100	\$73,430	\$140	\$83,920	\$180	\$83,921	\$200
7	0-\$47,340	\$15	\$59,175	\$60	\$71,010	\$100	\$82,845	\$140	\$94,680	\$180	\$94,681	\$200
8	0-\$52,720	\$15	\$65,900	\$60	\$79,080	\$100	\$92,260	\$140	\$105,440	\$180	\$105,441	\$200
For each additional person add	\$5,380	\$15	\$6,725	\$60	\$8,070	\$100	\$9,415	\$140	\$10,760	\$180	\$10,761	\$200

Sliding Scale FAMILY THERAPY CPT Code 90847 (with Client) and 90846 (without Client) FULL FEE = \$150.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$45	\$22,590	\$75	\$26,355	\$105	\$30,120	\$135	\$30,121	\$150
2	0-\$20,440	\$15	\$25,550	\$45	\$30,660	\$75	\$35,770	\$105	\$40,880	\$135	\$40,881	\$150
3	0-\$25,820	\$15	\$32,275	\$45	\$38,730	\$75	\$45,185	\$105	\$51,640	\$135	\$51,641	\$150
4	0-\$31,200	\$15	\$39,000	\$45	\$46,800	\$75	\$54,600	\$105	\$62,400	\$135	\$62,401	\$150
5	0-\$36,580	\$15	\$45,725	\$45	\$54,870	\$75	\$64,015	\$105	\$73,160	\$135	\$73,161	\$150
6	0-\$41,960	\$15	\$52,450	\$45	\$62,940	\$75	\$73,430	\$105	\$83,920	\$135	\$83,921	\$150
7	0-\$47,340	\$15	\$59,175	\$45	\$71,010	\$75	\$82,845	\$105	\$94,680	\$135	\$94,681	\$150
8	0-\$52,720	\$15	\$65,900	\$45	\$79,080	\$75	\$92,260	\$105	\$105,440	\$135	\$105,441	\$150
For each additional person add	\$5,380	\$15	\$6,725	\$45	\$8,070	\$75	\$9,415	\$105	\$10,760	\$135	\$10,761	\$150

Sliding Scale GROUP THERAPY CPT CODE 90853 FULL FEE = \$45.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$15	\$22,590	\$23	\$26,355	\$32	\$30,120	\$41	\$30,121	\$45
2	0-\$20,440	\$15	\$25,550	\$15	\$30,660	\$23	\$35,770	\$32	\$40,880	\$41	\$40,881	\$45
3	0-\$25,820	\$15	\$32,275	\$15	\$38,730	\$23	\$45,185	\$32	\$51,640	\$41	\$51,641	\$45
4	0-\$31,200	\$15	\$39,000	\$15	\$46,800	\$23	\$54,600	\$32	\$62,400	\$41	\$62,401	\$45
5	0-\$36,580	\$15	\$45,725	\$15	\$54,870	\$23	\$64,015	\$32	\$73,160	\$41	\$73,161	\$45
6	0-\$41,960	\$15	\$52,450	\$15	\$62,940	\$23	\$73,430	\$32	\$83,920	\$41	\$83,921	\$45
7	0-\$47,340	\$15	\$59,175	\$15	\$71,010	\$23	\$82,845	\$32	\$94,680	\$41	\$94,681	\$45
8	0-\$52,720	\$15	\$65,900	\$15	\$79,080	\$23	\$92,260	\$32	\$105,440	\$41	\$105,441	\$45
For each additional person add	\$5,380	\$15	\$6,725	\$15	\$8,070	\$23	\$9,415	\$32	\$10,760	\$41	\$10,761	\$45

Sliding Scale INDIVIDUAL CPT CODE 90832 - TYPICAL TIME 16 - 37 MINS FULL FEE = \$95.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$29	\$22,590	\$48	\$26,355	\$67	\$30,120	\$86	\$30,121	\$95
2	0-\$20,440	\$15	\$25,550	\$29	\$30,660	\$48	\$35,770	\$67	\$40,880	\$86	\$40,881	\$95
3	0-\$25,820	\$15	\$32,275	\$29	\$38,730	\$48	\$45,185	\$67	\$51,640	\$86	\$51,641	\$95
4	0-\$31,200	\$15	\$39,000	\$29	\$46,800	\$48	\$54,600	\$67	\$62,400	\$86	\$62,401	\$95
5	0-\$36,580	\$15	\$45,725	\$29	\$54,870	\$48	\$64,015	\$67	\$73,160	\$86	\$73,161	\$95
6	0-\$41,960	\$15	\$52,450	\$29	\$62,940	\$48	\$73,430	\$67	\$83,920	\$86	\$83,921	\$95
7	0-\$47,340	\$15	\$59,175	\$29	\$71,010	\$48	\$82,845	\$67	\$94,680	\$86	\$94,681	\$95
8	0-\$52,720	\$15	\$65,900	\$29	\$79,080	\$48	\$92,260	\$67	\$105,440	\$86	\$105,441	\$95
For each additional person add	\$5,380	\$15	\$6,725	\$29	\$8,070	\$48	\$9,415	\$67	\$10,760	\$86	\$10,761	\$95

Sliding Scale INDIVIDUAL CPT CODE 90834 - TYPICAL TIME 38 - 52 MINS FULL FEE = \$125.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$37.50	\$22,590	\$62.50	\$26,355	\$87.50	\$30,120	\$112.50	\$30,121	\$125
2	0-\$20,440	\$15	\$25,550	\$37.50	\$30,660	\$62.50	\$35,770	\$87.50	\$40,880	\$112.50	\$40,881	\$125
3	0-\$25,820	\$15	\$32,275	\$37.50	\$38,730	\$62.50	\$45,185	\$87.50	\$51,640	\$112.50	\$51,641	\$125
4	0-\$31,200	\$15	\$39,000	\$37.50	\$46,800	\$62.50	\$54,600	\$87.50	\$62,400	\$112.50	\$62,401	\$125
5	0-\$36,580	\$15	\$45,725	\$37.50	\$54,870	\$62.50	\$64,015	\$87.50	\$73,160	\$112.50	\$73,161	\$125
6	0-\$41,960	\$15	\$52,450	\$37.50	\$62,940	\$62.50	\$73,430	\$87.50	\$83,920	\$112.50	\$83,921	\$125
7	0-\$47,340	\$15	\$59,175	\$37.50	\$71,010	\$62.50	\$82,845	\$87.50	\$94,680	\$112.50	\$94,681	\$125
8	0-\$52,720	\$15	\$65,900	\$37.50	\$79,080	\$62.50	\$92,260	\$87.50	\$105,440	\$112.50	\$105,441	\$125
For each additional person add	\$5,380	\$15	\$6,725	\$37.50	\$8,070	\$62.50	\$9,415	\$87.50	\$10,760	\$112.50	\$10,761	\$125

Sliding Scale INDIVIDUAL CPT CODE 90837 - TYPICAL TIME 53 + MINS FULL FEE = \$150.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$45.00	\$22,590	\$75.00	\$26,355	\$105.00	\$30,120	\$135.00	\$30,121	\$150
2	0-\$20,440	\$15	\$25,550	\$45.00	\$30,660	\$75.00	\$35,770	\$105.00	\$40,880	\$135.00	\$40,881	\$150
3	0-\$25,820	\$15	\$32,275	\$45.00	\$38,730	\$75.00	\$45,185	\$105.00	\$51,640	\$135.00	\$51,641	\$150
4	0-\$31,200	\$15	\$39,000	\$45.00	\$46,800	\$75.00	\$54,600	\$105.00	\$62,400	\$135.00	\$62,401	\$150
5	0-\$36,580	\$15	\$45,725	\$45.00	\$54,870	\$75.00	\$64,015	\$105.00	\$73,160	\$135.00	\$73,161	\$150
6	0-\$41,960	\$15	\$52,450	\$45.00	\$62,940	\$75.00	\$73,430	\$105.00	\$83,920	\$135.00	\$83,921	\$150
7	0-\$47,340	\$15	\$59,175	\$45.00	\$71,010	\$75.00	\$82,845	\$105.00	\$94,680	\$135.00	\$94,681	\$150
8	0-\$52,720	\$15	\$65,900	\$45.00	\$79,080	\$75.00	\$92,260	\$105.00	\$105,440	\$135.00	\$105,441	\$150
For each additional person add	\$5,380	\$15	\$6,725	\$45.00	\$8,070	\$75.00	\$9,415	\$105.00	\$10,760	\$135.00	\$10,761	\$150

Sliding Scale MED VISIT - EXP PROB FOCUSED CPT CODE 99213 - 15 MINS

FULL FEE = \$90

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$27	\$22,590	\$45	\$26,355	\$63	\$30,120	\$81	\$30,121	\$90
2	0-\$20,440	\$15	\$25,550	\$27	\$30,660	\$45	\$35,770	\$63	\$40,880	\$81	\$40,881	\$90
3	0-\$25,820	\$15	\$32,275	\$27	\$38,730	\$45	\$45,185	\$63	\$51,640	\$81	\$51,641	\$90
4	0-\$31,200	\$15	\$39,000	\$27	\$46,800	\$45	\$54,600	\$63	\$62,400	\$81	\$62,401	\$90
5	0-\$36,580	\$15	\$45,725	\$27	\$54,870	\$45	\$64,015	\$63	\$73,160	\$81	\$73,161	\$90
6	0-\$41,960	\$15	\$52,450	\$27	\$62,940	\$45	\$73,430	\$63	\$83,920	\$81	\$83,921	\$90
7	0-\$47,340	\$15	\$59,175	\$27	\$71,010	\$45	\$82,845	\$63	\$94,680	\$81	\$94,681	\$90
8	0-\$52,720	\$15	\$65,900	\$27	\$79,080	\$45	\$92,260	\$63	\$105,440	\$81	\$105,441	\$90
For each additional person add	\$5,380	\$15	\$6,725	\$27	\$8,070	\$45	\$9,415	\$63	\$10,760	\$81	\$10,761	\$90

Sliding Scale MED VISIT - DETAILED CPT CODE 99214 - 25 MIN

FULL FEE = \$130.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$39.00	\$22,590	\$65.00	\$26,355	\$91.00	\$30,120	\$117.00	\$30,121	\$130
2	0-\$20,440	\$15	\$25,550	\$39.00	\$30,660	\$65.00	\$35,770	\$91.00	\$40,880	\$117.00	\$40,881	\$130
3	0-\$25,820	\$15	\$32,275	\$39.00	\$38,730	\$65.00	\$45,185	\$91.00	\$51,640	\$117.00	\$51,641	\$130
4	0-\$31,200	\$15	\$39,000	\$39.00	\$46,800	\$65.00	\$54,600	\$91.00	\$62,400	\$117.00	\$62,401	\$130
5	0-\$36,580	\$15	\$45,725	\$39.00	\$54,870	\$65.00	\$64,015	\$91.00	\$73,160	\$117.00	\$73,161	\$130
6	0-\$41,960	\$15	\$52,450	\$39.00	\$62,940	\$65.00	\$73,430	\$91.00	\$83,920	\$117.00	\$83,921	\$130
7	0-\$47,340	\$15	\$59,175	\$39.00	\$71,010	\$65.00	\$82,845	\$91.00	\$94,680	\$117.00	\$94,681	\$130
8	0-\$52,720	\$15	\$65,900	\$39.00	\$79,080	\$65.00	\$92,260	\$91.00	\$105,440	\$117.00	\$105,441	\$130
For each additional person add	\$5,380	\$15	\$6,725	\$39.00	\$8,070	\$65.00	\$9,415	\$91.00	\$10,760	\$117.00	\$10,761	\$130

Sliding Scale MED VISIT - COMPREHENSIVE CPT CODE 99215 40 MINS

FULL FEE = \$190.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$57.00	\$22,590	\$95.00	\$26,355	\$133.00	\$30,120	\$171.00	\$30,121	\$190
2	0-\$20,440	\$15	\$25,550	\$57.00	\$30,660	\$95.00	\$35,770	\$133.00	\$40,880	\$171.00	\$40,881	\$190
3	0-\$25,820	\$15	\$32,275	\$57.00	\$38,730	\$95.00	\$45,185	\$133.00	\$51,640	\$171.00	\$51,641	\$190
4	0-\$31,200	\$15	\$39,000	\$57.00	\$46,800	\$95.00	\$54,600	\$133.00	\$62,400	\$171.00	\$62,401	\$190
5	0-\$36,580	\$15	\$45,725	\$57.00	\$54,870	\$95.00	\$64,015	\$133.00	\$73,160	\$171.00	\$73,161	\$190
6	0-\$41,960	\$15	\$52,450	\$57.00	\$62,940	\$95.00	\$73,430	\$133.00	\$83,920	\$171.00	\$83,921	\$190
7	0-\$47,340	\$15	\$59,175	\$57.00	\$71,010	\$95.00	\$82,845	\$133.00	\$94,680	\$171.00	\$94,681	\$190
8	0-\$52,720	\$15	\$65,900	\$57.00	\$79,080	\$95.00	\$92,260	\$133.00	\$105,440	\$171.00	\$105,441	\$190
For each additional person add	\$5,380	\$15	\$6,725	\$57.00	\$8,070	\$95.00	\$9,415	\$133.00	\$10,760	\$171.00	\$10,761	\$190

Sliding Scale PSYCH EVAL - MODERATE COMPLEXITY CPT CODE 99204 45 MINS

FULL FEE = \$190

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$57	\$22,590	\$95	\$26,355	\$133	\$30,120	\$171	\$30,121	\$190
2	0-\$20,440	\$15	\$25,550	\$57	\$30,660	\$95	\$35,770	\$133	\$40,880	\$171	\$40,881	\$190
3	0-\$25,820	\$15	\$32,275	\$57	\$38,730	\$95	\$45,185	\$133	\$51,640	\$171	\$51,641	\$190
4	0-\$31,200	\$15	\$39,000	\$57	\$46,800	\$95	\$54,600	\$133	\$62,400	\$171	\$62,401	\$190
5	0-\$36,580	\$15	\$45,725	\$57	\$54,870	\$95	\$64,015	\$133	\$73,160	\$171	\$73,161	\$190
6	0-\$41,960	\$15	\$52,450	\$57	\$62,940	\$95	\$73,430	\$133	\$83,920	\$171	\$83,921	\$190
7	0-\$47,340	\$15	\$59,175	\$57	\$71,010	\$95	\$82,845	\$133	\$94,680	\$171	\$94,681	\$190
8	0-\$52,720	\$15	\$65,900	\$57	\$79,080	\$95	\$92,260	\$133	\$105,440	\$171	\$105,441	\$190
For each additional person add	\$5,380	\$15	\$6,725	\$57	\$8,070	\$95	\$9,415	\$133	\$10,760	\$171	\$10,761	\$190

Sliding Scale PSYCH EVAL - HIGH COMPLEXITY CPT CODE 99205 60 MINS

FULL FEE = \$230.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$15	\$18,825	\$69.00	\$22,590	\$115.00	\$26,355	\$161.00	\$30,120	\$207.00	\$30,121	\$230
2	0-\$20,440	\$15	\$25,550	\$69.00	\$30,660	\$115.00	\$35,770	\$161.00	\$40,880	\$207.00	\$40,881	\$230
3	0-\$25,820	\$15	\$32,275	\$69.00	\$38,730	\$115.00	\$45,185	\$161.00	\$51,640	\$207.00	\$51,641	\$230
4	0-\$31,200	\$15	\$39,000	\$69.00	\$46,800	\$115.00	\$54,600	\$161.00	\$62,400	\$207.00	\$62,401	\$230
5	0-\$36,580	\$15	\$45,725	\$69.00	\$54,870	\$115.00	\$64,015	\$161.00	\$73,160	\$207.00	\$73,161	\$230
6	0-\$41,960	\$15	\$52,450	\$69.00	\$62,940	\$115.00	\$73,430	\$161.00	\$83,920	\$207.00	\$83,921	\$230
7	0-\$47,340	\$15	\$59,175	\$69.00	\$71,010	\$115.00	\$82,845	\$161.00	\$94,680	\$207.00	\$94,681	\$230
8	0-\$52,720	\$15	\$65,900	\$69.00	\$79,080	\$115.00	\$92,260	\$161.00	\$105,440	\$207.00	\$105,441	\$230
For each additional person add	\$5,380	\$15	\$6,725	\$69.00	\$8,070	\$115.00	\$9,415	\$161.00	\$10,760	\$207.00	\$10,761	\$230

Sliding Scale NURSE INJECTIONS CPT CODE 96372

FULL FEE = \$25.00

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%	100%	
	0%	Nominal Fee	30% Income of Full Fee	50% Income of Full Fee	70% Income of Full Fee	90% Income of Full Fee						
1	0-\$15,060	\$5	\$18,825	\$7.50	\$22,590	\$12.50	\$26,355	\$17.50	\$30,120	\$22.50	\$30,121	\$25
2	0-\$20,440	\$5	\$25,550	\$7.50	\$30,660	\$12.50	\$35,770	\$17.50	\$40,880	\$22.50	\$40,881	\$25
3	0-\$25,820	\$5	\$32,275	\$7.50	\$38,730	\$12.50	\$45,185	\$17.50	\$51,640	\$22.50	\$51,641	\$25
4	0-\$31,200	\$5	\$39,000	\$7.50	\$46,800	\$12.50	\$54,600	\$17.50	\$62,400	\$22.50	\$62,401	\$25
5	0-\$36,580	\$5	\$45,725	\$7.50	\$54,870	\$12.50	\$64,015	\$17.50	\$73,160	\$22.50	\$73,161	\$25
6	0-\$41,960	\$5	\$52,450	\$7.50	\$62,940	\$12.50	\$73,430	\$17.50	\$83,920	\$22.50	\$83,921	\$25
7	0-\$47,340	\$5	\$59,175	\$7.50	\$71,010	\$12.50	\$82,845	\$17.50	\$94,680	\$22.50	\$94,681	\$25
8	0-\$52,720	\$5	\$65,900	\$7.50	\$79,080	\$12.50	\$92,260	\$17.50	\$105,440	\$22.50	\$105,441	\$25
For each additional person add	\$5,380	\$5	\$6,725	\$7.50	\$8,070	\$12.50	\$9,415	\$17.50	\$10,760	\$22.50	\$10,761	\$25

Sliding Scale PSR ADULT / ELDERLY CPT CODE H2030 PER DAY**MINIMUM FEE = \$35.00**

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%		
	0%	Nominal Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee
1	0-\$15,060	\$35	\$18,825	\$35	\$22,590	\$35	\$26,355	\$35	\$30,120	\$35	\$30,121	\$35
2	0-\$20,440	\$35	\$25,550	\$35	\$30,660	\$35	\$35,770	\$35	\$40,880	\$35	\$40,881	\$35
3	0-\$25,820	\$35	\$32,275	\$35	\$38,730	\$35	\$45,185	\$35	\$51,640	\$35	\$51,641	\$35
4	0-\$31,200	\$35	\$39,000	\$35	\$46,800	\$35	\$54,600	\$35	\$62,400	\$35	\$62,401	\$35
5	0-\$36,580	\$35	\$45,725	\$35	\$54,870	\$35	\$64,015	\$35	\$73,160	\$35	\$73,161	\$35
6	0-\$41,960	\$35	\$52,450	\$35	\$62,940	\$35	\$73,430	\$35	\$83,920	\$35	\$83,921	\$35
7	0-\$47,340	\$35	\$59,175	\$35	\$71,010	\$35	\$82,845	\$35	\$94,680	\$35	\$94,681	\$35
8	0-\$52,720	\$35	\$65,900	\$35	\$79,080	\$35	\$92,260	\$35	\$105,440	\$35	\$105,441	\$35
For each additional person add	\$5,380	\$35	\$6,725	\$35	\$8,070	\$35	\$9,415	\$35	\$10,760	\$35	\$10,761	\$35

Sliding Scale DAY TREATMENT CPT CODE H2012 PER DAY**MINIMUM FEE = \$32.00**

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%		
	0%	Nominal Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee
1	0-\$15,060	\$32	\$18,825	\$32	\$22,590	\$32	\$26,355	\$32	\$30,120	\$32	\$30,121	\$32
2	0-\$20,440	\$32	\$25,550	\$32	\$30,660	\$32	\$35,770	\$32	\$40,880	\$32	\$40,881	\$32
3	0-\$25,820	\$32	\$32,275	\$32	\$38,730	\$32	\$45,185	\$32	\$51,640	\$32	\$51,641	\$32
4	0-\$31,200	\$32	\$39,000	\$32	\$46,800	\$32	\$54,600	\$32	\$62,400	\$32	\$62,401	\$32
5	0-\$36,580	\$32	\$45,725	\$32	\$54,870	\$32	\$64,015	\$32	\$73,160	\$32	\$73,161	\$32
6	0-\$41,960	\$32	\$52,450	\$32	\$62,940	\$32	\$73,430	\$32	\$83,920	\$32	\$83,921	\$32
7	0-\$47,340	\$32	\$59,175	\$32	\$71,010	\$32	\$82,845	\$32	\$94,680	\$32	\$94,681	\$32
8	0-\$52,720	\$32	\$65,900	\$32	\$79,080	\$32	\$92,260	\$32	\$105,440	\$32	\$105,441	\$32
For each additional person add	\$5,380	\$32	\$6,725	\$32	\$8,070	\$32	\$9,415	\$32	\$10,760	\$32	\$10,761	\$32

Sliding Scale MEDICAL STATEMENT / FORMS**FULL FEE = \$35.00**

Poverty Level Family Size	100%	125%		150%		175%		200%		Above 200%		
	0%	Nominal Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee
1	0-\$15,060	\$35	\$18,825	\$35	\$22,590	\$35	\$26,355	\$35	\$30,120	\$35	\$30,121	\$35
2	0-\$20,440	\$35	\$25,550	\$35	\$30,660	\$35	\$35,770	\$35	\$40,880	\$35	\$40,881	\$35
3	0-\$25,820	\$35	\$32,275	\$35	\$38,730	\$35	\$45,185	\$35	\$51,640	\$35	\$51,641	\$35
4	0-\$31,200	\$35	\$39,000	\$35	\$46,800	\$35	\$54,600	\$35	\$62,400	\$35	\$62,401	\$35
5	0-\$36,580	\$35	\$45,725	\$35	\$54,870	\$35	\$64,015	\$35	\$73,160	\$35	\$73,161	\$35
6	0-\$41,960	\$35	\$52,450	\$35	\$62,940	\$35	\$73,430	\$35	\$83,920	\$35	\$83,921	\$35
7	0-\$47,340	\$35	\$59,175	\$35	\$71,010	\$35	\$82,845	\$35	\$94,680	\$35	\$94,681	\$35
8	0-\$52,720	\$35	\$65,900	\$35	\$79,080	\$35	\$92,260	\$35	\$105,440	\$35	\$105,441	\$35
For each additional person add	\$5,380	\$35	\$6,725	\$35	\$8,070	\$35	\$9,415	\$35	\$10,760	\$35	\$10,761	\$35

Sliding Scale DUI ASSESSMENT **MINIMUM FEE = \$200** **Old Rate \$175**

Poverty Level Family Size	100%		125%		150%		175%		200%		Above 200%	
	0%	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee
1	0-\$15,060	\$200	\$18,825	\$200	\$22,590	\$200	\$26,355	\$200	\$30,120	\$200	\$30,121	\$200
2	0-\$20,440	\$200	\$25,550	\$200	\$30,660	\$200	\$35,770	\$200	\$40,880	\$200	\$40,881	\$200
3	0-\$25,820	\$200	\$32,275	\$200	\$38,730	\$200	\$45,185	\$200	\$51,640	\$200	\$51,641	\$200
4	0-\$31,200	\$200	\$39,000	\$200	\$46,800	\$200	\$54,600	\$200	\$62,400	\$200	\$62,401	\$200
5	0-\$36,580	\$200	\$45,725	\$200	\$54,870	\$200	\$64,015	\$200	\$73,160	\$200	\$73,161	\$200
6	0-\$41,960	\$200	\$52,450	\$200	\$62,940	\$200	\$73,430	\$200	\$83,920	\$200	\$83,921	\$200
7	0-\$47,340	\$200	\$59,175	\$200	\$71,010	\$200	\$82,845	\$200	\$94,680	\$200	\$94,681	\$200
8	0-\$52,720	\$200	\$65,900	\$200	\$79,080	\$200	\$92,260	\$200	\$105,440	\$200	\$105,441	\$200
For each additional person add	\$5,380	\$200	\$6,725	\$200	\$8,070	\$200	\$9,415	\$200	\$10,760	\$200	\$10,761	\$200

Sliding Scale DUI ASSESSMENT COURT PROGRAM **MINIMUM FEE = \$75** **Old Rate \$50**

Poverty Level Family Size	100%		125%		150%		175%		200%		Above 200%	
	0%	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee
1	0-\$15,060	\$75	\$18,825	\$75	\$22,590	\$75	\$26,355	\$75	\$30,120	\$75	\$30,121	\$75
2	0-\$20,440	\$75	\$25,550	\$75	\$30,660	\$75	\$35,770	\$75	\$40,880	\$75	\$40,881	\$75
3	0-\$25,820	\$75	\$32,275	\$75	\$38,730	\$75	\$45,185	\$75	\$51,640	\$75	\$51,641	\$75
4	0-\$31,200	\$75	\$39,000	\$75	\$46,800	\$75	\$54,600	\$75	\$62,400	\$75	\$62,401	\$75
5	0-\$36,580	\$75	\$45,725	\$75	\$54,870	\$75	\$64,015	\$75	\$73,160	\$75	\$73,161	\$75
6	0-\$41,960	\$75	\$52,450	\$75	\$62,940	\$75	\$73,430	\$75	\$83,920	\$75	\$83,921	\$75
7	0-\$47,340	\$75	\$59,175	\$75	\$71,010	\$75	\$82,845	\$75	\$94,680	\$75	\$94,681	\$75
8	0-\$52,720	\$75	\$65,900	\$75	\$79,080	\$75	\$92,260	\$75	\$105,440	\$75	\$105,441	\$75
For each additional person add	\$5,380	\$75	\$6,725	\$75	\$8,070	\$75	\$9,415	\$75	\$10,760	\$75	\$10,761	\$75

Sliding Scale DUI TREATMENT **MINIMUM FEE = \$45** **Old Rate \$30**

Poverty Level Family Size	100%		125%		150%		175%		200%		Above 200%	
	0%	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee	Income	Fee
1	0-\$15,060	\$45	\$18,825	\$45	\$22,590	\$45	\$26,355	\$45	\$30,120	\$45	\$30,121	\$45
2	0-\$20,440	\$45	\$25,550	\$45	\$30,660	\$45	\$35,770	\$45	\$40,880	\$45	\$40,881	\$45
3	0-\$25,820	\$45	\$32,275	\$45	\$38,730	\$45	\$45,185	\$45	\$51,640	\$45	\$51,641	\$45
4	0-\$31,200	\$45	\$39,000	\$45	\$46,800	\$45	\$54,600	\$45	\$62,400	\$45	\$62,401	\$45
5	0-\$36,580	\$45	\$45,725	\$45	\$54,870	\$45	\$64,015	\$45	\$73,160	\$45	\$73,161	\$45
6	0-\$41,960	\$45	\$52,450	\$45	\$62,940	\$45	\$73,430	\$45	\$83,920	\$45	\$83,921	\$45
7	0-\$47,340	\$45	\$59,175	\$45	\$71,010	\$45	\$82,845	\$45	\$94,680	\$45	\$94,681	\$45
8	0-\$52,720	\$45	\$65,900	\$45	\$79,080	\$45	\$92,260	\$45	\$105,440	\$45	\$105,441	\$45
For each additional person add	\$5,380	\$45	\$6,725	\$45	\$8,070	\$45	\$9,415	\$45	\$10,760	\$45	\$10,761	\$45