

METRO HEALTH SLIDING FEE SCALE

	A	B	C	D	E	Self pay No Discount
Poverty Level	0% to 100%	101% to 125%	126% to 150%	151% to 175%	176% to 200%	Above 200%
Fee	\$25 Nominal Charge	\$35 Discounted Fee	\$50 Discounted Fee	\$60 Discounted Fee	\$75 Discounted Fee	\$250 New patient \$160 Follow up
Pharmacy	Cost + \$10	Cost + \$12.50	Cost + \$15	Cost + \$17.50	Cost + \$20	
Family Size						
1	0- \$12,140	\$12,141- \$15,175	\$15,176- \$18,210	\$18,211- \$21,245	\$21,246- \$24,280	\$24,281+
2	0- \$16,460	\$16,461- \$20,575	\$20,576- \$24,690	\$24,691- \$28,805	\$28,806- \$32,920	\$32,921+
3	0- \$20,780	\$20,781- \$25,975	\$25,976- \$31,170	\$31,171- \$36,365	\$36,366- \$41,560	\$41,561+
4	0- \$25,100	\$25,101- \$31,375	\$31,376- \$37,650	\$37,651- \$43,925	\$43,926- \$50,200	\$50,201+
5	0- \$29,420	\$29,421- \$36,775	\$36,776- \$44,130	\$44,131- \$51,485	\$51,486- \$58,840	\$58,841+
6	0- \$33,740	\$33,741- \$42,175	\$42,176- \$50,610	\$50,611- \$59,045	\$59,046- \$67,480	\$67,481+
7	0- \$38,060	\$38,061- \$47,575	\$47,576- \$57,090	\$57,091- \$66,605	\$66,606- \$76,120	\$76,121+
8	0- \$42,380	\$42,381- \$52,975	\$52,976- \$63,570	\$63,571- \$74,165	\$74,166- \$84,760	\$84,761+
For each additional person, add	\$4,320	\$5,400	\$6,480	\$7,560	\$8,640	\$8,640

*Based on 2018 Federal Poverty Guidelines, published January 18, 2018

Effective Date: March 1, 2018