

SUBJECT: Sliding Fee Scale Program	REFERENCE #8017
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DEPARTMENT: FRANKLIN MEDICAL CENTER RURAL HEALTH CLINICS	
APPROVED BY:	REVISED: 10/15/2020 06/04/2022

Federal Poverty Guidelines

Based on Federal Register dated 01/17/2024

Persons in Family	% of Federal Poverty Guidelines				
	<100%	<150%	<200%	<250%	<300%
1	15,060	22,590	30,120	37,650	45,180
2	20,440	30,660	40,880	51,100	61,320
3	25,820	38,730	51,640	64,550	77,460
4	31,200	46,800	62,400	78,000	93,600
5	36,580	54,870	73,160	91,450	109,740
6	41,960	62,940	83,920	104,900	125,880
7	47,340	71,010	94,680	118,350	142,020
8	52,720	79,080	105,440	131,800	158,160
Each additional person	5,380	8,070	10,760	13,450	16,140
Amount of Discount	100%	80%	60%	40%	20%
Patient Responsibility	0%	20%	40%	60%	80%