

Petaluma Health Center - Clinic Services
Sliding Fee Schedule
July 1, 2019

Family Size	Annual Income	0.00% to 100.00%		>100.00% to 129.00%		>129.00% to 149.00%		>149.00% to 174.00%		>174.00% to 200.00%	
		A - Pays \$30		B - Pays \$40		C - Pays \$60		D - Pays \$80		E - Pays \$100	
1	\$12,490	\$0.00	- \$12,490.00	\$12,490.01	- \$16,112.10	\$16,112.11	- \$18,610.10	\$18,610.11	- \$21,732.60	\$21,732.61	- \$24,980.00
2	\$16,910	\$0.00	- \$16,910.00	\$16,910.01	- \$21,813.90	\$21,813.91	- \$25,195.90	\$25,195.91	- \$29,423.40	\$29,423.41	- \$33,820.00
3	\$21,330	\$0.00	- \$21,330.00	\$21,330.01	- \$27,515.70	\$27,515.71	- \$31,781.70	\$31,781.71	- \$37,114.20	\$37,114.21	- \$42,660.00
4	\$25,750	\$0.00	- \$25,750.00	\$25,750.01	- \$33,217.50	\$33,217.51	- \$38,367.50	\$38,367.51	- \$44,805.00	\$44,805.01	- \$51,500.00
5	\$30,170	\$0.00	- \$30,170.00	\$30,170.01	- \$38,919.30	\$38,919.31	- \$44,953.30	\$44,953.31	- \$52,495.80	\$52,495.81	- \$60,340.00
6	\$34,590	\$0.00	- \$34,590.00	\$34,590.01	- \$44,621.10	\$44,621.11	- \$51,539.10	\$51,539.11	- \$60,186.60	\$60,186.61	- \$69,180.00
7	\$39,010	\$0.00	- \$39,010.00	\$39,010.01	- \$50,322.90	\$50,322.91	- \$58,124.90	\$58,124.91	- \$67,877.40	\$67,877.41	- \$78,020.00
8	\$43,430	\$0.00	- \$43,430.00	\$43,430.01	- \$56,024.70	\$56,024.71	- \$64,710.70	\$64,710.71	- \$75,568.20	\$75,568.21	- \$86,860.00

For families/households with more than 8 people, add \$4,420 to annual income for each additional person.

Para las familias y los hogares con más de 8 personas, agregue \$4,420 al ingreso anual por cada persona adicional.

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size. No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines.

Para las visitas que no esten cubiertas bajo un programa especial o seguro médico, ofrecemos descuentos basado en su ingreso bruto y el tamaño de su familia/hogar. No podemos ofrecer descuentos a pacientes cuyos ingresos sobrepasan el 200% del nivel federal de pobreza.

Payment is requested on the date of service. Medications and supplies are billed at our cost. Se solicita su pago en la fecha del servicio. Los medicamentos y los materiales médicos se facturarán a nuestro costo.

Federal Poverty Guidelines for January 11, 2019