



Sliding Fee Discount Schedule

Maximum Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$5)	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$12,060	\$15,075	\$18,090	\$21,105	\$24,120	\$24,121+
2	\$16,240	\$20,300	\$24,360	\$28,420	\$32,480	\$32,481+
3	\$20,420	\$25,525	\$30,630	\$35,735	\$40,840	\$40,841+
4	\$24,600	\$30,750	\$36,900	\$43,050	\$49,200	\$49,201+
5	\$28,780	\$35,975	\$43,170	\$50,365	\$57,560	\$57,561+
6	\$32,960	\$41,200	\$49,440	\$57,680	\$65,920	\$65,921+
7	\$37,140	\$46,425	\$55,710	\$64,995	\$74,280	\$74,281+
8	\$41,320	\$51,650	\$61,980	\$72,310	\$82,640	\$82,641+
For each additional person, add	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360	\$8,360

*based on 2017 Federal Poverty Guidelines

Corporate Office

7455 Arroyo Crossing Parkway, Suite 220
Las Vegas, Nevada 89113
Ph: (702) 761-6467 · Fx: (702) 761-6401

Medical Office

5915 South Rainbow Boulevard, Suite 105
Las Vegas, Nevada 89118
Ph: (702) 209-0370 · Fx: (702) 405-0935