

# Near North Health Service Corporation

## Sliding Fee Scale

*Based on 2024 Federal Poverty Guidelines*

		<b>\$30 - Nominal**</b>		<b>75% Discount</b>		<b>50% Discount</b>		<b>25% Discount</b>		<b>10% Discount</b>		<b>Full Fee</b>
<b>Slide</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>		
<b>% of Poverty</b>		<b>≤ 100%</b>		<b>&gt; 100% ≤ 125%</b>		<b>&gt; 125% ≤ 150%</b>		<b>&gt; 150% ≤ 175%</b>		<b>&gt; 175% ≤ 200%</b>		
<b>Family Size</b>	1	\$0	\$ 15,060	\$ 15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$ 30,121
	2	\$0	\$ 20,440	\$ 20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$ 40,881
	3	\$0	\$ 25,820	\$ 25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$ 51,641
	4	\$0	\$ 31,200	\$ 31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$ 62,401
	5	\$0	\$ 36,580	\$ 36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$ 73,161
	6	\$0	\$ 41,960	\$ 41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$ 83,921
	7	\$0	\$ 47,340	\$ 47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$ 94,681
	8	\$0	\$ 52,720	\$ 52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$ 105,441
	9	\$0	\$ 58,100	\$ 58,101	\$72,625	\$72,626	\$87,150	\$87,151	\$101,675	\$101,676	\$116,200	\$ 116,201
	10	\$0	\$ 63,480	\$ 63,481	\$79,350	\$79,351	\$95,220	\$95,221	\$111,090	\$111,091	\$126,960	\$ 126,961

**For Family Units with more than 10 members, for each additional member add \$5380.00**

**Telehealth Visit Fee - \$30 Nominal Fee**

