

DIHFS 2024 Sliding Fee Schedule updated 8/28/2024

	Scale 1	Scale 2	Scale 3	Scale 4
Poverty Level	0% - 100%	101% - 135%	136% - 200%	201% and up
Patient Pays	\$25	\$50	\$75	Full Charge Amount
Family Size				
1	\$0 - \$15,060	\$15,061 - \$20,331	\$20,332 - \$30,120	\$30,121 and up
2	\$0 - \$20,440	\$20,441 - \$27,594	\$27,595 - \$40,880	\$40,881 and up
3	\$0 - \$25,820	\$25,821 - \$34,857	\$34,858 - \$51,640	\$51,641 and up
4	\$0 - \$31,200	\$31,201 - \$42,120	\$42,121 - \$62,400	\$62,401 and up
5	\$0 - \$36,580	\$36,581 - \$49,383	\$49,384 - \$73,160	\$73,161 and up
6	\$0 - \$41,960	\$41,961 - \$56,646	\$56,647 - \$83,920	\$83,921 and up
7	\$0 - \$47,340	\$47,341 - \$63,909	\$63,910 - \$94,680	\$94,681 and up
8	\$0 - \$52,720	\$52,721 - \$71,172	\$71,173 - \$105,440	\$105,441 and up
Per each additional member	\$5,380	\$5,380	\$5,380	\$5,380