DIHFS 2025 Sliding Fee Schedule Effective 1/17/2025

	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 - \$15,650	\$15,651 - \$21,128	\$21,129 - \$31,300	\$31,301 and up
2	0 - \$21,150	\$21,151 - \$28,553	\$28,554 - \$42,300	\$42,301 and up
3	0 - \$26,650	\$26,651 - \$35,977	\$35,978 - \$53,300	\$53,301 and up
4	0 - \$32,150	\$32,151 - \$43,403	\$43,404 - \$64,300	\$64,301 and up
5	0 - \$37,650	\$37,651 - \$50,828	\$50,829 - \$75,300	\$75,301 and up
6	0 - \$43,150	\$43,151 - \$58,253	\$58,254 - \$86,300	\$86,301 and up
7	0 - \$48,650	\$48,651 - \$65,678	\$65,679 - \$97,300	\$97,301 and up
8	0 - \$54,150	\$54,151 - \$73,103	\$73,104 - \$108,300	\$108,301 and up
Per each				
additional				
member	\$5,500	\$5,500	\$5,500	\$5,500