

Mountain Comprehensive Care Center

Sliding Fee Scale

		Schedule of Discounts / Sliding Fee Scale		
2024		Maximum Annual Income Amount for Each Sliding Fee Percentage Category		
POVERTY LEVEL	At or below 100%	101% - 150%	151% - 175%	176% - 200%
	Patient Pays	Patient Pays	Patient Pays	Patient Pays
	\$5.00	\$10.00	\$15.00	\$20.00
FAMILY SIZE				
1	0-\$15,060	\$15,061-\$22,590	\$22,591-\$26,355	\$26,356-\$30,120
2	0-\$20,440	\$20,441-\$30,660	\$30,661-\$35,770	\$35,771-\$40,880
3	0-\$25,820	\$25,821-\$38,730	\$38,731-\$45,185	\$45,186-\$51,640
4	0-\$31,200	\$31,201-\$46,800	\$46,801-\$54,600	\$54,601-\$62,400
5	0-\$36,580	\$36,581-\$54,870	\$54,871-\$64,015	\$64,016-\$73,160
6	0-\$41,960	\$41,961-\$62,940	\$62,941-\$73,430	\$73,431-\$83,920
7	0-\$47,340	\$47,341-\$71,010	\$71,011-\$82,845	\$82,846-\$94,680
8	0-\$52,720	\$52,721-\$79,080	\$79,081-\$92,260	\$92,261-\$105,440
9	0-\$58,100	\$58,101-\$87,150	\$87,151-\$101,675	\$101,676-\$116,200
10	0-\$63,480	\$63,481-\$95,220	\$95,221-\$111,090	\$111,091-\$126,960