

SLIDING FEE PROGRAM
2007 HHS POVERTY GUIDELINES

MCKINNEY COMMUNITY HEALTH CENTER
 EFFECTIVE 6/1/2007

FAMILY SIZE	POVERTY LEVEL - ANNUAL INCOME				
	100% DISCOUNT	75% DISCOUNT	50% DISCOUNT	25% DISCOUNT	0% DISCOUNT
	100%	125%	150%	175%	200% +
1	\$ 10,210	\$ 12,763	\$ 15,315	\$ 17,868	\$ 20,420
2	13,690	17,113	20,535	23,958	27,380
3	17,170	21,463	25,755	30,048	34,340
4	20,650	25,813	30,975	36,138	41,300
5	24,130	30,163	36,195	42,228	48,260
6	27,610	34,513	41,415	48,318	55,220
7	31,090	38,863	46,635	54,408	62,180
8	34,570	43,213	51,855	60,498	69,140
EACH ADDITIONAL	\$ 3,480	\$ 4,350	\$ 5,220	\$ 6,090	\$ 6,960
Minimum Copays					
Office Visits	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
In-house Labwork	5.00	5.00	5.00	5.00	5.00
Outsourced Labwork	10.00	10.00	10.00	10.00	10.00