

**RURAL HEALTH, INC. 2025 Sliding Fee Scale**

**EFFECTIVE January 17, 2025**

**DISCOUNT LEVEL BASED ON FAMILY INCOME & SIZE**

**APPENDIX A**

	Level A		Level B1		Level B2		Level B3		Level B4		Level C
<b>FAMILY</b>	<100% OF		<125% OF		<150% OF		<175% OF		<200% OF		>200% OF
<b>SIZE</b>	POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL		POVERTY LEVEL
	1-100%		101 to 125%		126 to 150%		151 to 175%		176 to 200%		Over 200%
1	0 -	15,650	15,650.01	19,562.50	19,562.51	23,475.00	23,475.01	27,387.50	27,387.51	31,300.00	31,300.01
2	0 -	21,150	21,150.01	26,437.50	26,437.51	31,725.00	31,725.01	37,012.50	37,012.51	42,300.00	42,300.01 and over
3	0 -	26,650	26,650.01	33,312.50	33,312.51	39,975.00	39,975.01	46,637.50	46,637.51	53,300.00	53,300.01 and over
4	0 -	32,150	32,150.01	40,187.50	40,187.51	48,225.00	48,225.01	56,262.50	56,262.51	64,300.00	64,300.01 and over
5	0 -	37,650	37,650.01	47,062.50	47,062.51	56,475.00	56,475.01	65,887.50	65,887.51	75,300.00	75,300.01 and over
6	0 -	43,150	43,150.01	53,937.50	53,937.51	64,725.00	64,725.01	75,512.50	75,512.51	86,300.00	86,300.01 and over
7	0 -	48,650	48,650.01	60,812.50	60,812.51	72,975.00	72,975.01	85,137.50	85,137.51	97,300.00	97,300.01 and over
8	0 -	54,150	54,150.01	67,687.50	67,687.51	81,225.00	81,225.01	94,762.50	94,762.51	108,300.00	108,300.01 and over
For family sizes greater than 8, add to the upper limit, for each additional family member:											
9+	5,500.00		5,500.01 to 6,875.00		6,875.01 to 8,250.00		8,250.01 to 9,625.00		9,625.01 to 11,000.00		11,000.01 and over

**Patient is responsible to pay for services in accordance with the attached Appendix A**