

MARGARET B. SHIPLEY CHILD HEALTH CLINIC
Sliding Fee Scale 2021

		Free Service	STEP 1 15%	STEP 2 35%	STEP 3 55%	STEP 4 75%	STEP 5 0%
Family Size	100% Annual	100% Monthly	125% Monthly	150% Monthly	175% Monthly	200% Monthly	+200% Monthly
1	12,880	1,073	1073 - 1342	1343 - 1610	1611 - 1878	1879 - 2147	2148+
2	17,420	1,452	1453 - 1815	1816 - 2178	2179 - 2540	2541 - 2903	2904+
3	21,960	1,830	1831 - 2288	2289 - 2745	2746 - 3203	3204 - 3660	3661+
4	26,500	2,208	2209 - 2760	2761 - 3313	3314 - 3865	3866 - 4417	4418+
5	31,040	2,587	2588 - 3233	3234 - 3880	3881 - 4527	4528 - 5173	5174+
6	35,580	2,965	2966 - 3706	3707 - 4448	4449 - 5189	5190 - 5930	5931+
7	40,120	3,343	3344 - 4719	4720 - 5015	5016 - 5851	5852 - 6687	6688+
8	44,660	3,722	3723 - 4652	4652 - 5583	5584 - 6513	6514 - 6513	6514+

*Add \$4,540 to annual salary for each additional family member