

Health & Human Services Public Health Branch

**Attachment 1B - 422**  
**Clinic Services**  
**Humboldt County Sliding Fee Scale**  
 2021

Select size of family and gross monthly income from chart below to determine scale (A, B, C, D, or E). For a list of services that qualify for the sliding fee scale rates, see Sliding Scale Services Summary. Those services not listed are charged at standard rates. (For standard rates, see Humboldt County Schedule of Fees and Charges, Quest Services and Rates, PathNet Services and Rates, Pharmacy Rates and Immunization Rates.)

Family Size	A		B		C		D		E				
1	\$ 0	-	1,275	\$ 1,276	-	1,435	\$ 1,436	-	1,860	\$ 1,861	-	2,126	\$ 2,127 +
2	\$ 0	-	1,723	\$ 1,724	-	1,939	\$ 1,940	-	2,513	\$ 2,514	-	2,872	\$ 2,873 +
3	\$ 0	-	2,171	\$ 2,172	-	2,443	\$ 2,444	-	3,167	\$ 3,168	-	3,619	\$ 3,620 +
4	\$ 0	-	2,619	\$ 2,620	-	2,947	\$ 2,948	-	3,820	\$ 3,821	-	4,366	\$ 4,367 +
5	\$ 0	-	3,067	\$ 3,068	-	3,451	\$ 3,452	-	4,473	\$ 4,474	-	5,112	\$ 5,113 +
6	\$ 0	-	3,515	\$ 3,516	-	3,955	\$ 3,956	-	5,127	\$ 5,128	-	5,859	\$ 5,860 +
7	\$ 0	-	3,963	\$ 3,964	-	4,459	\$ 4,460	-	5,780	\$ 5,781	-	6,606	\$ 6,607 +
8	\$ 0	-	4,411	\$ 4,412	-	4,963	\$ 4,964	-	6,433	\$ 6,434	-	7,352	\$ 7,353 +

Identify total charge of office visit from chart below.

	A	B	C	D	E
Visit Charge	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00

The sliding fee scale is updated annually to be consistent with the 200% Federal Poverty Rate.

**Sliding Fee Schedule covers Office Visits only; fee excludes the cost of lab tests, and additional procedures.**

<https://aspe.hhs.gov/2020-poverty-guidelines-computations>