

Health & Human Services Public Health Branch

**Humboldt County Sliding Fee Scale**  
**Humboldt County Community Clinic**  
 Fiscal Year 2022-2023

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	-	1,358	\$ 1,359	-	1,528	\$ 1,529	-	1,981	\$ 1,982	-	2,264	\$ 2,265 +
2	\$ 0	-	1,830	\$ 1,831	-	2,059	\$ 2,060	-	2,513	\$ 2,670	-	3,051	\$ 3,052 +
3	\$ 0	-	2,302	\$ 2,303	-	2,590	\$ 2,591	-	3,358	\$ 3,359	-	3,837	\$ 3,838 +
4	\$ 0	-	2,774	\$ 2,775	-	3,121	\$ 3,122	-	4,046	\$ 4,047	-	4,624	\$ 4,625 +
5	\$ 0	-	3,246	\$ 3,247	-	3,652	\$ 3,653	-	4,734	\$ 4,735	-	5,411	\$ 5,412 +
6	\$ 0	-	3,718	\$ 3,719	-	4,183	\$ 4,184	-	5,423	\$ 5,424	-	6,197	\$ 6,198 +
7	\$ 0	-	4,190	\$ 4,191	-	4,714	\$ 4,715	-	6,111	\$ 6,112	-	6,984	\$ 6,985 +
8	\$ 0	-	4,662	\$ 4,663	-	5,245	\$ 5,246	-	6,799	\$ 6,800	-	7,771	\$ 7,772 +

Identify total charge of office visit from chart below.

A	B	C	D	E
40%	50%	60%	70%	100%

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