CAPE FAMILY MEDICAL

Sliding Scale – Medical

Family Size									Poverty Level	Payment Price $
1	2	3	4	5	6	7	8	Each Add'l Person		
$15,060.00	$20,440.00	$25,820.00	$31,200.00	$36,580.00	$41,960.00	$47,340.00	$52,720.00	$5,380.00	100%	$60.00
$20,029.80	$27,185.20	$34,340.60	$41,496.00	$48,651.40	$55,806.80	$62,962.20	$70,117.60	$5,380.00	133%	$65.00
$20,782.80	$28,207.20	$35,631.60	$43,056.00	$50,480.40	$57,904.80	$65,329.20	$72,753.60	$5,380.00	138%	$70.00
$22,590.00	$30,660.00	$38,730.00	$46,800.00	$54,870.00	$62,940.00	$71,010.00	$79,080.00	$5,380.00	150%	$80.00
$30,120.00	$40,880.00	$51,640.00	$62,400.00	$73,160.00	$83,920.00	$94,680.00	$105,440.00	$5,380.00	200%	$90.00
$30,120.00+	$40,880.00+	$51,640.00+	$62,400.00+	$73,160.00+	$83,920.00+	$94,680.00+	$105,440.00+	$5,380.00	>200%	$110.00

Revised 08-2024