SLIDING SCALE FOR STD CLINIC

EFFECTIVE 2/12/2013

FAMILY SIZE	FEE @ 100% **$25.00**	FEE @ 185% **$35.00**	FEE @ > 185% **$55.00**
1	0-958.00	959.00 1,772.00	> 1773.00
2	0-1293.00	1,294.00 2,392.00	?2393.00
3	0-1628.00	1,629.00 3,012.00	> 3013.00
4	0-1963.00	1,964.00 3,632.00	> 3633.00
5	0-2298.00	2,299.00 4,251.00	>4252.00
6	0-2633.00	2,634.00 4,871.00	>4872.00
7	0-2968.00	2,969.00 5,491.00	> 5492.00
8	0-3303.00	3,304.00 6,111.00	>6112.00
9	0-4020.00	4,021.00 7,437.00	>7438.00
10 or >	add 4020.00 per individual.		

BASED ON HHS POVERTY INCOME GUIDELINES ISSUED 1-24-2013

CLYDE GOODBAR, CHFP, BILLING SUPERVISOR---DOPH-CITY OF EL PASO

915-771-5779