**Coulee Medical Center Sliding Fee Scale 2024**

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|  | At or below 200% | 201-250% | 251-300% |
| Family Size | 100% | Discount  75% | 50% |
| 1 | $0 - $30,120.00 | $30,121.00 - $37,650.00 | $37,651.00 - $45,180.00 |
| 2 | $0 - $40,880.00 | $40,881.00 - $51,100.00 | $51,101.00 - $61,320.00 |
| 3 | $0 - $51,640.00 | $51,641.00 - $64,550.00 | $64,551.00 - $77,460.00 |
| 4 | $0 - $62,400.00 | $62,401.00 - $78,000.00 | $78,001.00 - $93,600.00 |
| 5 | $0 - $73,160.00 | $73,161.00 - $91,450.00 | $91,451.00 - $109,740.00 |
| 6 | $0 - $83,920.00 | $83,921.00 - $104,900.00 | $104,901.00 - $125,880.00 |
| 7 | $0 - $94,680.00 | $94,681.00 - $118,350.00 | $118,351.00 - $142,020.00 |
| 8 | $0 - $105,440.00 | $105,441.00- $131,800.00 | $131,801.00 - $158,160.00 |
| each additional person | $10,760.00 | $13,450.00 | $16,140.00 |

**Effective 01/12/2024**

**Last Revised: 01/15/2024**