

## Coulee Medical Center Sliding Fee Scale 2024

**Effective 01/12/2024**

	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

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