

**Antelope Valley Community Clinic**  
**Sliding Fee Scale - Medical and Mental Health**  
Based on 2016 Federal Poverty Guidelines

% of Poverty	ANNUAL INCOME						
	100%		138%		200%		Above 200%
	Above	Below	Above	Below	Above	Below	Above
Family Size/Income							
1	\$0	\$ 11,880	\$ 11,771	\$ 16,243	\$ 16,244	\$ 23,760	\$ 23,761
2	\$0	\$ 16,020	\$ 16,021	\$ 22,108	\$ 22,109	\$ 32,040	\$ 32,041
3	\$0	\$ 20,160	\$ 20,161	\$ 27,821	\$ 27,822	\$ 40,320	\$ 40,321
4	\$0	\$ 24,300	\$ 24,301	\$ 33,534	\$ 33,535	\$ 48,600	\$ 48,601
5	\$0	\$ 28,440	\$ 28,441	\$ 39,247	\$ 39,248	\$ 56,880	\$ 56,881
6	\$0	\$ 32,580	\$ 32,581	\$ 44,960	\$ 44,961	\$ 65,160	\$ 65,161
7	\$0	\$ 36,730	\$ 36,731	\$ 50,687	\$ 50,688	\$ 73,460	\$ 73,461
8	\$0	\$ 40,890	\$ 40,891	\$ 56,428	\$ 56,429	\$ 81,780	\$ 81,781
9	\$0	\$ 45,050	\$ 45,051	\$ 62,169	\$ 62,170	\$ 90,100	\$ 90,101
10	\$0	\$ 49,210	\$ 49,211	\$ 67,910	\$ 67,911	\$ 98,420	\$ 98,421
<b>CHC Program Discount:</b>	<b>100% Discount *</b> <b>Minimum Fee of \$20</b>		<b>\$30</b>		<b>\$40</b>		<b>Patient Pays Full Charges</b>
* Patient Pays higher of a Minimum Fee of \$20 for Medical and Mental Health Office Visits or the Flat Fee based on Income Level							
<b>CHC Program Code</b>	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>

MONTHLY INCOME						
100%		138%		200%		Above 200%
Above	Below	Above	Below	Above	Below	Above
\$0	\$ 990	\$ 991	\$ 1,366	\$ 1,367	\$ 1,980	\$ 1,981
\$0	\$ 1,335	\$ 1,336	\$ 1,842	\$ 1,843	\$ 2,670	\$ 2,671
\$0	\$ 1,680	\$ 1,681	\$ 2,318	\$ 2,319	\$ 3,360	\$ 3,361
\$0	\$ 2,025	\$ 2,026	\$ 2,795	\$ 2,796	\$ 4,050	\$ 4,051
\$0	\$ 2,370	\$ 2,371	\$ 3,271	\$ 3,272	\$ 4,740	\$ 4,741
\$0	\$ 2,715	\$ 2,716	\$ 3,747	\$ 3,748	\$ 5,430	\$ 5,431
\$0	\$ 3,061	\$ 3,062	\$ 4,224	\$ 4,225	\$ 6,122	\$ 6,123
\$0	\$ 3,408	\$ 3,409	\$ 4,702	\$ 4,703	\$ 6,815	\$ 6,816
\$0	\$ 3,754	\$ 3,755	\$ 5,181	\$ 5,182	\$ 7,508	\$ 7,509
\$0	\$ 4,101	\$ 4,102	\$ 5,659	\$ 5,660	\$ 8,202	\$ 8,203
<b>100% Discount *</b> <b>Minimum Fee of \$20</b>		<b>\$30</b>		<b>\$40</b>		<b>Patient Pays Full Charges</b>
<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>

For Family Units with more than 10 members, for each additional member add \$4,160.

Pharmacy, Laboratory, X-Ray, and Other Diagnostic Services are Charged Separately from the Office Visit Charge