

Health & Human Services Public Health Branch

Humboldt County Sliding Fee Scale
Adult Health Clinic Services
Fiscal Year 2008-2009

Select size of family and gross monthly income from chart below to determine scale (A, B, C, D, or E). For a list of services that qualify for the sliding fee scale rates, see Sliding Scale Services Summary. Those services not listed are charged at standard rates. (For standard rates, see Humboldt County Schedule of Fees and Charges, Quest Services and Rates, PathNet Services and Rates, Pharmacy Rates and Immunization Rates.)

Family Size	A	B	C	D	E
1	\$ 0 - 694	\$ 695 - 1,040	\$ 1,041 - 1,387	\$ 1,388 - 1,733	\$ 1,734 +
2	\$ 0 - 934	\$ 935 - 1,400	\$ 1,401 - 1,867	\$ 1,868 - 2,333	\$ 2,334 +
3	\$ 0 - 1,174	\$ 1,175 - 1,760	\$ 1,761 - 2,347	\$ 2,348 - 2,933	\$ 2,934 +
4	\$ 0 - 1,414	\$ 1,415 - 2,120	\$ 2,121 - 2,827	\$ 2,828 - 3,533	\$ 3,534 +
5	\$ 0 - 1,654	\$ 1,655 - 2,480	\$ 2,481 - 3,307	\$ 3,308 - 4,133	\$ 4,134 +
6	\$ 0 - 1,894	\$ 1,895 - 2,840	\$ 2,841 - 3,787	\$ 3,788 - 4,733	\$ 4,734 +
7	\$ 0 - 2,134	\$ 2,135 - 3,200	\$ 3,201 - 4,267	\$ 4,268 - 5,333	\$ 5,334 +
8	\$ 0 - 2,374	\$ 2,375 - 3,560	\$ 3,561 - 4,747	\$ 4,748 - 5,933	\$ 5,934 +
9	\$ 0 - 2,614	\$ 2,615 - 3,920	\$ 3,921 - 5,227	\$ 5,228 - 6,533	\$ 6,534 +
10 or more	\$ 0 - 2,854	\$ 2,855 - 4,280	\$ 4,281 - 5,707	\$ 5,708 - 7,133	\$ 7,134 +

Identify total charge of office visit from chart below.

	A	B	C	D	E
Visit Charge	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00