

# Federal Poverty Guide Line

Physicians Charge		20% of bill paid	40% of bill paid	60% of bill paid	80% of bill paid	100% of bill paid
Family Size	Federal Poverty					
1	\$10,830.00	\$15,162.00	\$15,162.00	\$17,328.00	\$19,494.00	\$21,660.00
2	\$14,570.00	\$17,484.00	\$20,398.00	\$23,312.00	\$26,226.00	\$29,140.00
3	\$18,310.00	\$21,972.00	\$25,634.00	\$29,296.00	\$32,958.00	\$36,620.00
4	\$22,050.00	\$26,460.00	\$30,870.00	\$35,280.00	\$39,690.00	\$44,100.00
5	\$25,790.00	\$30,948.00	\$36,106.00	\$41,264.00	\$46,422.00	\$51,580.00
6	\$29,530.00	\$35,436.00	\$41,342.00	\$47,248.00	\$53,154.00	\$59,060.00
7	\$33,270.00	\$39,924.00	\$46,578.00	\$53,232.00	\$59,886.00	\$66,540.00
8	\$37,010.00	\$44,412.00	\$51,814.00	\$59,216.00	\$66,618.00	\$74,020.00

*For families with more than 8 persons, add \$3,740 for each additional person.*