

**2023**  
**Southeast, Inc. FQHC Sliding Fee Schedule**  
<https://aspe.hhs.gov/poverty-guidelines>

**Annual Income**

% of FPL		125%		150%		175%		200%		Full Fee
Family Size	Nominal Fee \$10	\$25		\$50		\$75		\$100		
	At or Below 100% of Poverty	From	To	From	To	From	To	From	To	
1	\$ 14,580.00	\$ 14,580.01	\$ 18,225.00	\$ 18,225.01	\$ 21,870.00	\$ 21,870.01	\$ 25,515.00	\$ 25,515.01	\$ 29,160.00	\$ 29,160.01
2	\$ 19,720.00	\$ 19,720.01	\$ 24,650.00	\$ 24,650.01	\$ 29,580.00	\$ 29,580.01	\$ 34,510.00	\$ 34,510.01	\$ 39,440.00	\$ 39,440.01
3	\$ 24,860.00	\$ 24,860.01	\$ 31,075.00	\$ 31,075.01	\$ 37,290.00	\$ 37,290.01	\$ 43,505.00	\$ 43,505.01	\$ 49,720.00	\$ 49,720.01
4	\$ 30,000.00	\$ 30,000.01	\$ 37,500.00	\$ 37,500.01	\$ 45,000.00	\$ 45,000.01	\$ 52,500.00	\$ 52,500.01	\$ 60,000.00	\$ 60,000.01
5	\$ 35,140.00	\$ 35,140.01	\$ 43,925.00	\$ 43,925.01	\$ 52,710.00	\$ 52,710.01	\$ 61,495.00	\$ 61,495.01	\$ 70,280.00	\$ 70,280.01
6	\$ 40,280.00	\$ 40,280.01	\$ 50,350.00	\$ 50,350.01	\$ 60,420.00	\$ 60,420.01	\$ 70,490.00	\$ 70,490.01	\$ 80,560.00	\$ 80,560.01
7	\$ 45,420.00	\$ 45,420.01	\$ 56,775.00	\$ 56,775.01	\$ 68,130.00	\$ 68,130.01	\$ 79,485.00	\$ 79,485.01	\$ 90,840.00	\$ 90,840.01
8**	\$ 50,560.00	\$ 50,560.01	\$ 63,200.00	\$ 63,200.01	\$ 75,840.00	\$ 75,840.01	\$ 88,480.00	\$ 88,480.01	\$ 101,120.00	\$ 101,120.01
<b>Additional Per Family</b>	<b>\$ 5,140.00</b>	<b>\$ 6,425.00</b>	<b>\$ 7,710.00</b>	<b>\$ 8,995.00</b>	<b>\$ 10,280.00</b>	<b>\$ 11,565.00</b>	<b>\$ 12,850.00</b>	<b>\$ 14,135.00</b>	<b>\$ 15,420.00</b>	<b>\$ 16,705.00</b>

\*\*For families /households with more than 8 persons, add the additional amount per person in each category

<b>Pharmacy per</b>	<b>\$2</b>	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$20</b>	<b>Full Fee</b>
---------------------	------------	------------	-------------	-------------	-------------	-----------------

**Monthly Income**

% of FPL		125%		150%		175%		200%		Full Fee
Family Size	Nominal Fee \$10	\$25		\$50		\$75		\$100		
	At or Below 100% of Poverty	From	To	From	To	From	To	From	To	
1	\$ 1,215.00	\$ 1,215.01	\$ 1,518.75	\$ 1,518.76	\$ 1,822.50	\$ 1,822.51	\$ 2,126.25	\$ 2,126.26	\$ 2,430.00	\$ 2,430.01
2	\$ 1,643.33	\$ 1,643.34	\$ 2,054.17	\$ 2,054.18	\$ 2,465.00	\$ 2,465.01	\$ 2,875.83	\$ 2,875.84	\$ 3,286.67	\$ 3,286.68
3	\$ 2,071.67	\$ 2,071.68	\$ 2,589.58	\$ 2,589.59	\$ 3,107.50	\$ 3,107.51	\$ 3,625.42	\$ 3,625.43	\$ 4,143.33	\$ 4,143.34
4	\$ 2,500.00	\$ 2,500.01	\$ 3,125.00	\$ 3,125.01	\$ 3,750.00	\$ 3,750.01	\$ 4,375.00	\$ 4,375.01	\$ 5,000.00	\$ 5,000.01
5	\$ 2,928.33	\$ 2,928.34	\$ 3,660.42	\$ 3,660.43	\$ 4,392.50	\$ 4,392.51	\$ 5,124.58	\$ 5,124.59	\$ 5,856.67	\$ 5,856.68
6	\$ 3,356.67	\$ 3,356.68	\$ 4,195.83	\$ 4,195.84	\$ 5,035.00	\$ 5,035.01	\$ 5,874.17	\$ 5,874.18	\$ 6,713.33	\$ 6,713.34
7	\$ 3,785.00	\$ 3,785.01	\$ 4,731.25	\$ 4,731.26	\$ 5,677.50	\$ 5,677.51	\$ 6,623.75	\$ 6,623.76	\$ 7,570.00	\$ 7,570.01
8**	\$ 4,213.33	\$ 4,213.34	\$ 5,266.67	\$ 5,266.68	\$ 6,320.00	\$ 6,320.01	\$ 7,373.33	\$ 7,373.34	\$ 8,426.67	\$ 8,426.68
<b>Additional Per Family</b>	<b>\$ 368.33</b>	<b>\$ 460.42</b>	<b>\$ 552.50</b>	<b>\$ 644.58</b>	<b>\$ 736.67</b>	<b>\$ 828.75</b>	<b>\$ 920.83</b>	<b>\$ 1,012.92</b>	<b>\$ 1,105.00</b>	<b>\$ 1,197.08</b>

\*\*For families /households with more than 8 persons, add the additional amount per person in each category

<b>Pharmacy per</b>	<b>\$2</b>	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$20</b>	<b>Full Fee</b>
---------------------	------------	------------	-------------	-------------	-------------	-----------------

**Weekly Income**

% of FPL		125%		150%		175%		200%		Full Fee
Family Size	Nominal Fee \$10	\$25		\$50		\$75		\$100		
	At or Below 100% of Poverty	From	To	From	To	From	To	From	To	
1	\$ 280.38	\$ 280.39	\$ 350.48	\$ 350.49	\$ 420.58	\$ 420.59	\$ 490.67	\$ 490.68	\$ 560.77	\$ 560.78
2	\$ 379.23	\$ 379.24	\$ 474.04	\$ 474.05	\$ 568.85	\$ 568.86	\$ 663.65	\$ 663.66	\$ 758.46	\$ 758.47
3	\$ 478.08	\$ 478.09	\$ 597.60	\$ 597.61	\$ 717.12	\$ 717.13	\$ 836.63	\$ 836.64	\$ 956.15	\$ 956.16
4	\$ 576.92	\$ 576.93	\$ 721.15	\$ 721.16	\$ 865.38	\$ 865.39	\$ 1,009.62	\$ 1,009.63	\$ 1,153.85	\$ 1,153.86
5	\$ 675.77	\$ 675.78	\$ 844.71	\$ 844.72	\$ 1,013.65	\$ 1,013.66	\$ 1,182.60	\$ 1,182.61	\$ 1,351.54	\$ 1,351.55
6	\$ 774.62	\$ 774.63	\$ 968.27	\$ 968.28	\$ 1,161.92	\$ 1,161.93	\$ 1,355.58	\$ 1,355.59	\$ 1,549.23	\$ 1,549.24
7	\$ 873.46	\$ 873.47	\$ 1,091.83	\$ 1,091.84	\$ 1,310.19	\$ 1,310.20	\$ 1,528.56	\$ 1,528.57	\$ 1,746.92	\$ 1,746.93
8**	\$ 972.31	\$ 972.32	\$ 1,215.38	\$ 1,215.39	\$ 1,458.46	\$ 1,458.47	\$ 1,701.54	\$ 1,701.55	\$ 1,944.62	\$ 1,944.63
<b>Additional Per Family</b>	<b>\$ 85.00</b>	<b>\$ 106.25</b>	<b>\$ 127.50</b>	<b>\$ 148.75</b>	<b>\$ 170.00</b>	<b>\$ 191.25</b>	<b>\$ 212.50</b>	<b>\$ 233.75</b>	<b>\$ 255.00</b>	<b>\$ 276.25</b>

\*\*For families /households with more than 8 persons, add the additional amount per person in each category

<b>Pharmacy per</b>	<b>\$2</b>	<b>\$5</b>	<b>\$10</b>	<b>\$15</b>	<b>\$20</b>	<b>Full Fee</b>
---------------------	------------	------------	-------------	-------------	-------------	-----------------