



**Seattle Roots Community Health Sliding Scale Fee Schedule**  
**Federal Poverty Guidelines\*** **Based on 2024**

Poverty Level	Annual Income					
	At or below 100%	101-125%	126-150%	151-175%	176-200%	Above 200%
Family Size	A	B	C	D	E	F
1	0-\$15,060	\$15,061 - \$18,825	\$18,826-\$22,590	\$22,591-\$26,355	\$26,356-\$30,120	\$30,121+
2	0-\$20,440	\$20,441-\$25,550	\$25,551-\$30,660	\$30,661-\$35,770	\$35,771-\$40,880	\$40,881+
3	0-\$25,820	\$25,821-\$32,275	\$32,276-\$38,730	\$38,731-\$45,185	\$45,186-\$51,640	\$51,641+
4	0-\$31,200	\$31,201-\$39,000	\$39,001-\$45,800	\$45,801-\$54,600	\$54,601-\$62,400	\$62,401+
5	0-\$36,580	\$36,581-\$45,725	\$45,726-\$54,870	\$54,871-\$64,015	\$64,016-\$73,160	\$73,161+
6	0-\$41,960	\$41,961-\$52,450	\$52,451-\$62,940	\$62,941-\$73,430	\$73,431-\$83,920	\$83,921+
7	0-\$47,340	\$47,371-\$59,175	\$59,176-\$71,010	\$71,011-\$82,845	\$82,846-\$94,680	\$94,681+
8	0-\$52,720	\$52,721-\$65,900	\$65,901-\$79,080	\$79,081-\$92,260	\$92,261-\$105,440	\$105,441+
9	0-\$58,100	\$58,101-\$72,625	\$72,626-\$87,150	\$87,151-\$101,675	\$101,676-\$116,200	\$116,201+
10	0-\$63,480	\$63,481-\$79,350	\$79,351-\$95,220	\$95,221-\$111,090	\$111,091-\$126,960	\$126,961+
<b>For Family units with more than 10 persons, \$5,140 for each additional family member</b>						
<b>Medical/Primary Health Visit Sliding Fee Schedule</b>						
Medical/Primary Health Visit Sliding Fee Schedule	\$20 *nominal fee	\$30	\$40	\$50	\$60	Full Fee, if unable to pay please contact Billing Team
	\$5 discount if paid on date of service					20% discount if paid in full within 90days of visit
<b>Behavioral Health Service Visits Sliding Fee Schedule</b>						
Behavioral Health Service Visits Sliding Fee Schedule	\$5	\$10	\$15	\$20	\$25	Full Fee, if unable to pay please contact Billing Team
Patient Support Services	\$0	\$1	\$2	\$3	\$4	Full Fee, if unable to pay please contact Billing Team

**Country Doctor provides all services regardless of a patient's ability to pay. If a patient is not able to pay at the time of visit, they will be asked to pay any amount they can.**

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\*Patient support Services are those services provided for case management, nutrition services, education, outreach and are not performed by a Physician, APC or ARNP

\*Any patient paying their bill in full within 90days of statement will receive a 20% discount (patients will need to contact Billing dept to have discount applied)