

Recovery Center Sliding Fee Scale Dosing

Effective March 1, 2023

Poverty Level*	At or Below 100%	101-125%	126-150%	151-200%	Above 200%
Charge Per Dose	\$7.00	\$8.00	\$10.00	\$12.00	\$16.00
Family Size	Income				
1	\$14,580	\$14,581 - \$ 18,225	\$ 18,226 - \$ 21,870	\$ 21,871 - \$ 29,160	\$ 29,161
2	\$19,720	\$19,721 - \$ 24,650	\$ 24,651 - \$ 29,580	\$ 29,581 - \$ 39,440	\$ 39,441
3	\$24,860	\$24,861 - \$ 31,075	\$ 31,076 - \$ 37,290	\$ 37,291 - \$ 49,720	\$ 49,721
4	\$30,000	\$30,001 - \$ 37,500	\$ 37,501 - \$ 45,000	\$ 45,001 - \$ 60,000	\$ 60,001
5	\$35,140	\$35,141 - \$ 43,925	\$ 43,926 - \$ 52,710	\$ 52,711 - \$ 70,280	\$ 70,281
6	\$40,280	\$40,281 - \$ 50,350	\$ 50,351 - \$ 60,420	\$ 60,421 - \$ 80,560	\$ 80,561
7	\$45,420	\$45,421 - \$ 56,775	\$ 56,776 - \$ 68,130	\$ 68,131 - \$ 90,840	\$ 90,841
8	\$50,560	\$50,561 - \$ 63,200	\$ 63,201 - \$ 75,840	\$ 75,841 - \$ 101,120	\$ 101,121
For each additional person, add	\$5,140	\$6,425	\$7,710	\$10,280	\$10,331

Eligibility: Only uninsured who are not eligible for insurance coverage, including Medicaid, are eligible

* - Based on 2023 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty-guidelines>)