



SLIDING FEE SCALE

Pioneer Center is committed to providing quality services and to creating opportunity for access to services regardless of income. **Proof of income is required** to determine rates for services and will be needed before scheduling of any appointments. (All figures are in U.S. dollars.)

Payment Category	F	E	D	C	B	A
Poverty Level	10%	20%	40%	60%	80%	100%
	100%	125%	150%	175%	200%	>200%
Family Size	Income Less Than	Income Less Than	Income Less Than	Income Less Than	Income Less Than	Income Less Than
1	\$11,490.00	\$14,362.50	\$17,235.00	\$20,107.50	\$22,980.00	\$22,980.00
2	\$15,510.00	\$19,387.50	\$23,265.00	\$27,142.50	\$31,020.00	\$31,020.00
3	\$19,530.00	\$24,412.50	\$29,295.00	\$34,177.50	\$39,060.00	\$39,060.00
4	\$23,550.00	\$29,437.50	\$35,325.00	\$41,212.50	\$47,100.00	\$47,100.00
5	\$27,570.00	\$34,462.50	\$41,355.00	\$48,247.50	\$55,140.00	\$55,140.00
6	\$31,590.00	\$39,487.50	\$47,385.00	\$55,282.50	\$63,180.00	\$63,180.00
7	\$35,610.00	\$44,512.50	\$53,415.00	\$62,317.50	\$71,220.00	\$71,220.00
8	\$39,630.00	\$49,537.50	\$59,445.00	\$69,352.50	\$79,260.00	\$79,260.00

Family units of more than 8 members, add \$4,020

Payment Category	Patient Pays	Minimum Payment Due
A	100%	\$100.00 Established Patient \$130.00 New Patient
B	80%	\$80.00 Established Patient \$104.00 New Patient
C	60%	\$60.00 Established Patient \$78.00 New Patient
D	40%	\$40.00 Established Patient 52.00 New Patient
E	20%	\$20.00 Established Patient \$26.00 New Patient
F	10%	\$10.00 Established Patient \$13.00 New Patient