



North Country Behavioral Medicine Sliding Fee Schedule (SFS)

Poverty Level	At 100% or Below	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Nominal Fee (\$20)	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$13,590	16,308	17,667	19,026	20,385	21,744	23,103	24,462	25,821	27,180	27,181+
2	\$18,310	21,972	23,803	25,634	27,465	29,296	31,127	32,958	34,789	36,620	36,621+
3	\$23,030	27,636	29,939	32,242	34,545	36,848	39,151	41,454	43,757	46,060	46,061+
4	\$27,750	33,300	36,075	38,850	41,625	44,400	47,175	49,950	52,725	55,500	55,501+
5	\$32,470	38,964	42,211	45,458	48,705	51,952	55,199	58,446	61,693	64,940	64,941+
6	\$37,190	44,628	48,347	52,066	55,785	59,504	63,223	66,942	70,661	74,380	74,381+
7	\$41,910	50,292	54,483	58,674	62,865	67,056	71,247	75,438	79,629	83,820	83,821+
8	\$46,630	55,956	60,619	65,282	69,945	74,608	79,271	83,934	88,597	93,260	93,261+
For each additional person, add	\$4,720	5,664	6,136	6,608	7,080	7,552	8,024	8,496	8,968	9,440	9,440

* Based on Based on 2022 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia.