



Cochise Health and Social Services
Sliding Fee Scale
Based on 2021 Federal Poverty Level Guidelines

Family Size	0-150% Federal Poverty Level	151-250% Federal Poverty Level	251% and greater Federal Poverty Level
	Patient Pays 0%	Patient Pays 50%	Patient Pays 100%
1	\$0 - \$19,320	\$19321 - \$32,200	\$32,201 and up
2	\$0 - \$26,130	\$26131 - \$43,550	\$43,551 and up
3	\$0 - \$32,940	\$32941 - \$54,900	\$54,901 and up
4	\$0 - \$39,750	\$39751 - \$66,250	\$66,251 and up
5	\$0 - \$46,560	\$46561 - \$77,600	\$77,601 and up
6	\$0 - \$53,370	\$53371 - \$88,950	\$88,951 and up
7	\$0 - \$60,180	\$60181 - \$100,300	\$100,301 and up
8	\$0 - \$66,990	\$66991 - \$111,650	\$111,651 and up
9	\$0 - \$73,800	\$73801 - \$123,000	\$123,001 and up
10	\$0 - \$80,610	\$80611 - \$134,350	\$134,351 and up

*For families/households with more than 8 persons, add \$4,540 for each additional person.