

OB-GYN ASSOCIATES OF ITHACA SLIDING FEE SCHEDULE						
Poverty Level	100%	125%	150%	175%	200%	>200%
Family Size	Minimal Fee	Pay 20%	Pay 40%	Pay 60%	Pay 80%	Pay 100%
1	\$12,490	\$15,612	\$18,735	\$21,857	\$24,980	\$24,981
2	\$16,910	\$21,137	\$25,365	\$29,592	\$33,820	\$33,821
3	\$21,330	\$26,662	\$31,995	\$37,327	\$42,660	\$42,661
4	\$25,750	\$32,187	\$38,625	\$45,062	\$51,500	\$51,501
5	\$30,170	\$37,712	\$45,255	\$52,797	\$60,340	\$60,341
6	\$34,540	\$43,175	\$51,810	\$60,445	\$69,080	\$69,081
7	\$39,010	\$48,762	\$58,515	\$68,267	\$78,020	\$78,021
8	\$43,430	\$54,287	\$65,145	\$76,002	\$86,860	\$86,861
Additional persons, add	\$4,420	\$5,525	\$8,480	\$7,735	\$8,840	\$8,840