

OB-GYN ASSOCIATES OF ITHACA SLIDING FEE SCHEDULE

Family Size	Annual Family Income					
1	Less than \$11,171	Less than \$13,963	Less than \$16,755	Less than \$19,548	Less than \$22,340	\$22,341 and above
2	Less than \$15,131	Less than \$18,913	Less than \$22,695	Less than \$26,478	Less than \$30,260	\$30,261 and above
3	Less than \$19,091	Less than \$23,863	Less than \$28,635	Less than \$33,408	Less than \$38,180	\$38,181 and above
4	Less than \$23,051	Less than \$28,813	Less than \$34,575	Less than \$40,338	Less than \$46,100	\$46,101 and above
5	Less than \$27,011	Less than \$33,763	Less than \$40,515	Less than \$47,268	Less than \$54,020	\$54,021 and above
6	Less than \$30,971	Less than \$38,713	Less than \$46,455	Less than \$54,198	Less than \$61,940	\$61,941 and above
7	Less than \$34,931	Less than \$43,663	Less than \$52,395	Less than \$61,128	Less than \$69,860	\$69,861 and above
8	Less than \$38,891	Less than \$48,613	Less than \$58,335	Less than \$68,058	Less than \$77,780	\$77,781 and above
Additional Family Members, add	\$3,960	\$4,950	\$5,940	\$6,930	\$7,920	\$7,920
Patient Responsibility	Minimal Fee	Pay 20% of total bill	Pay 40% of total bill	Pay 60% of total bill	Pay 80% of total bill	Pay 100% of total bill