

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	\$12,060	\$15,075	\$18,090	\$21,105	\$24,120	\$24,121
2	\$16,240	\$20,300	\$24,360	\$28,420	\$32,480	\$32,481
3	\$20,420	\$25,525	\$30,630	\$35,735	\$40,840	\$40,841
4	\$24,600	\$30,750	\$36,900	\$43,050	\$49,200	\$49,201
5	\$28,780	\$35,975	\$43,170	\$50,365	\$57,560	\$57,561
6	\$32,960	\$41,200	\$49,440	\$57,680	\$65,920	\$65,921
7	\$37,140	\$46,425	\$55,710	\$64,995	\$74,280	\$74,281
8	\$41,320	\$51,650	\$61,980	\$72,310	\$82,640	\$82,641
Additional persons, add	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360	\$8,360