

Detroit Recovery Project - Health Center
Sliding Fee Schedule 2024 - Medical/Behavioral H

Slide Category		A	B	C
Poverty Level		0 - 100%	101 - 150%	151 - 175%
	Fee per family member, per visit	Nominal Fee \$10	Patient Pays \$25	Patient Pays \$40
Family Size	Income less than		Income less than	Income less than
1	Annual(up to)	\$ 14,580.00	\$ 21,869.00	\$ 25,514.00
	Monthly	\$ 1,215.00	\$ 1,822.42	\$ 2,126.17
	Weekly	\$ 280.38	\$ 420.56	\$ 490.65
2	Annual(up to)	\$ 19,720.00	\$ 29,579.00	\$ 34,509.00
	Monthly	\$ 1,643.33	\$ 2,464.92	\$ 2,875.75
	Weekly	\$ 379.23	\$ 568.83	\$ 663.63
3	Annual(up to)	\$ 24,860.00	\$ 37,289.00	\$ 43,504.00
	Monthly	\$ 2,071.67	\$ 3,107.42	\$ 3,625.33
	Weekly	\$ 478.08	\$ 717.10	\$ 836.62
4	Annual(up to)	\$ 30,000.00	\$ 44,999.00	\$ 52,499.00
	Monthly	\$ 2,500.00	\$ 3,749.92	\$ 4,374.92
	Weekly	\$ 576.92	\$ 865.37	\$ 1,009.60

Health

D	N/A
176 - 200%	> 200%
Patient Pays \$60	100% of Charges
Income less than or equal to	Income <u>more</u> than
\$ 29,160.00	\$ 29,160.00
\$ 2,430.00	\$ 2,430.00
\$ 560.77	\$ 560.77
\$ 39,440.00	\$ 39,440.00
\$ 3,286.67	\$ 3,286.67
\$ 758.46	\$ 758.46
\$ 49,720.00	\$ 49,720.00
\$ 4,143.33	\$ 4,143.33
\$ 956.15	\$ 956.15
\$ 60,000.00	\$ 60,000.00
\$ 5,000.00	\$ 5,000.00
\$ 1,153.85	\$ 1,153.85