

**REGIONAL HEALTH SYSTEMS**

**ABILITY TO PAY SCHEDULE**

*Discounts are subject to nominal fee requirements*

**Effective 2/1/21**

Client Discount	Family Size / Income										
	1	2	3	4	5	6	7	8	9	10	
<b>100%</b>	12,880	17,420	21,960	26,500	31,040	35,580	40,120	44,600	49,140	53,680	<b>OR LESS</b>
<b>80%</b>	15,456	20,904	26,352	31,800	37,248	42,696	48,144	53,520	58,968	64,416	<b>OR LESS</b>
<b>60%</b>	18,032	24,388	30,744	37,100	43,456	49,812	56,168	62,440	68,796	75,152	<b>OR LESS</b>
<b>40%</b>	20,608	27,872	35,136	42,400	49,664	56,928	64,192	71,360	78,624	85,888	<b>OR LESS</b>
<b>20%</b>	23,184	31,356	39,528	47,700	55,872	64,044	72,216	80,280	88,452	96,624	<b>OR LESS</b>
<b>5%</b>	25,760	34,840	43,920	53,000	62,080	71,160	80,240	89,200	98,280	107,360	<b>OR LESS</b>
<b>0%</b>	<b>GREATER THAN</b>										
	25,760	34,840	43,920	53,000	62,080	71,160	80,240	89,200	98,280	107,360	

**Note: For households greater than 10 persons, add 4,540 to the top line, 5,448 to the second line, 6,356 to the third line, 7,264 to the fourth line, 8,172 to the fifth line, and 9,080 to the last two lines, times the number of additional members**