TMC Patient Finanical Service
Sliding Fee Scale 2025
Pure Self Pay

		80% disc.	60% disc	40% disc	30% disc	25% disc	20% disc	15% disc	10% disc
Family Size									
	100%	125%	150%	175%	200%	250%	300%	350%	400%
1	$ 15,650.00	$ 19,562.50	$ 23,475.00	$ 27,387.50	$ 31,300.00	$ 39,125.00	$ 46,950.00	$ 54,775.00	$ 62,600.00
2	$ 21,030.00	$ 26,287.50	$ 31,545.00	$ 36,802.50	$ 42,060.00	$ 52,575.00	$ 63,090.00	$ 73,605.00	$ 84,120.00
3	$ 26,410.00	$ 33,012.50	$ 39,615.00	$ 46,217.50	$ 52,820.00	$ 66,025.00	$ 79,230.00	$ 92,435.00	$ 105,640.00
4	$ 31,790.00	$ 39,737.50	$ 47,685.00	$ 55,632.50	$ 63,580.00	$ 79,475.00	$ 95,370.00	$ 111,265.00	$ 127,160.00
5	$ 37,170.00	$ 46,462.50	$ 55,755.00	$ 65,047.50	$ 74,340.00	$ 92,925.00	$ 111,510.00	$ 130,095.00	$ 148,680.00
6	$ 42,550.00	$ 53,187.50	$ 63,825.00	$ 74,462.50	$ 85,100.00	$ 106,375.00	$ 127,650.00	$ 148,925.00	$ 170,200.00
7	$ 47,930.00	$ 59,912.50	$ 71,895.00	$ 83,877.50	$ 95,860.00	$ 119,825.00	$ 143,790.00	$ 167,755.00	$ 191,720.00
8	$ 53,310.00	$ 66,637.50	$ 79,965.00	$ 93,292.50	$ 106,620.00	$ 133,275.00	$ 159,930.00	$ 186,585.00	$ 213,240.00
9	$ 58,690.00	$ 73,362.50	$ 88,035.00	$ 102,707.50	$ 117,380.00	$ 146,725.00	$ 176,070.00	$ 205,415.00	$ 234,760.00
10	$ 64,070.00	$ 80,087.50	$ 96,105.00	$ 112,122.50	$ 128,140.00	$ 160,175.00	$ 192,210.00	$ 224,245.00	$ 256,280.00

Note: For families with more than 10 members add $5500 for each additional member.

https://aspe.hhs.gov/poverty-guidelines

revised
3/20/2025

TMC Patient Financial Services
Sliding Fee Scale 2025
Self Pay After Insurance

		90% disc.	80% disc	70% disc	60% disc	50% disc	40% disc	30% disc	20% disc
Family Size									
	100%	**125%**	**150%**	**175%**	**200%**	**250%**	**300%**	**350%**	**400%**
1	$ 15,650.00	$ 19,562.50	$ 23,475.00	$ 27,387.50	$ 31,300.00	$ 39,125.00	$ 46,950.00	$ 54,775.00	$ 62,600.00
2	$ 21,030.00	$ 26,287.50	$ 31,545.00	$ 36,802.50	$ 42,060.00	$ 52,575.00	$ 63,090.00	$ 73,605.00	$ 84,120.00
3	$ 26,410.00	$ 33,012.50	$ 39,615.00	$ 46,217.50	$ 52,820.00	$ 66,025.00	$ 79,230.00	$ 92,435.00	$ 105,640.00
4	$ 31,790.00	$ 39,737.50	$ 47,685.00	$ 55,632.50	$ 63,580.00	$ 79,475.00	$ 95,370.00	$ 111,265.00	$ 127,160.00
5	$ 37,170.00	$ 46,462.50	$ 55,755.00	$ 65,047.50	$ 74,340.00	$ 92,925.00	$ 111,510.00	$ 130,095.00	$ 148,680.00
6	$ 42,550.00	$ 53,187.50	$ 63,825.00	$ 74,462.50	$ 85,100.00	$ 106,375.00	$ 127,650.00	$ 148,925.00	$ 170,200.00
7	$ 47,930.00	$ 59,912.50	$ 71,895.00	$ 83,877.50	$ 95,860.00	$ 119,825.00	$ 143,790.00	$ 167,755.00	$ 191,720.00
8	$ 53,310.00	$ 66,637.50	$ 79,965.00	$ 93,292.50	$ 106,620.00	$ 133,275.00	$ 159,930.00	$ 186,585.00	$ 213,240.00
9	$ 58,690.00	$ 73,362.50	$ 88,035.00	$ 102,707.50	$ 117,380.00	$ 146,725.00	$ 176,070.00	$ 205,415.00	$ 234,760.00
10	$ 64,070.00	$ 80,087.50	$ 96,105.00	$ 112,122.50	$ 128,140.00	$ 160,175.00	$ 192,210.00	$ 224,245.00	$ 256,280.00

Note: For families with more than 10 members add $5500 for each additional member.

https://aspe.hhs.gov/poverty-guidelines

revised
3/20/2025