

**Richland Parish Hospital/Delhi Rural Health Clinic
Sliding Fee Scale 2024**

FAMILY SIZE	A. \$20 Minimum Pay		B. Patient Owes 25% of Charge		C. Patient Owes 50% of Charge		D. Patient Owes 75% of Charge		E. Patient Owes 100% of Charge					
	\$0	TO	\$15,060	\$15,061	TO	\$22,590	\$22,591	TO	\$26,355	\$26,356	TO	\$30,120	over	\$30,120.01
1	\$0	TO	\$15,060	\$15,061	TO	\$22,590	\$22,591	TO	\$26,355	\$26,356	TO	\$30,120	over	\$30,120.01
2	\$0	TO	\$20,440	\$20,441	TO	\$30,660	\$30,661	TO	\$35,770	\$35,771	TO	\$40,880	over	\$40,880.01
3	\$0	TO	\$25,820	\$25,821	TO	\$38,730	\$38,731	TO	\$45,185	\$45,186	TO	\$51,640	over	\$51,640.01
4	\$0	TO	\$31,200	\$31,201	TO	\$46,800	\$46,801	TO	\$54,600	\$54,601	TO	\$62,400	over	\$62,400.01
5	\$0	TO	\$36,580	\$36,581	TO	\$54,870	\$54,871	TO	\$64,015	\$64,016	TO	\$73,160	over	\$73,160.01
6	\$0	TO	\$41,960	\$41,961	TO	\$62,940	\$62,941	TO	\$73,430	\$73,431	TO	\$83,920	over	\$83,920.01
7	\$0	TO	\$47,340	\$47,341	TO	\$71,010	\$71,011	TO	\$82,845	\$82,846	TO	\$94,680	over	\$94,680.01
8	\$0	TO	\$52,720	\$52,721	TO	\$79,080	\$79,081	TO	\$92,260	\$92,261	TO	\$105,440	over	\$105,440.01
9	\$0	TO	\$58,100	\$58,101	TO	\$87,150	\$87,151	TO	\$101,675	\$101,676	TO	\$116,200	over	\$116,200.01
10	\$0	TO	\$63,480	\$63,481	TO	\$95,220	\$95,221	TO	\$111,090	\$111,091	TO	\$126,960	over	\$126,960.01

Each additional family Member \$5380
Nominal Fee \$20.00

100%
\$5,380

150%
\$8,070.00

175%
\$9,415.00

200%
\$10,760.00

>200%
\$10,760.01

No person will be denied regardless of their ability to pay and sliding fee scale is available based on income and family size.