CATALYST CLINICAL GROUP

Sliding Fee Pay Classes for Use in the 48 Contiguous States

Annual Basis

Family Unit Size	Minimum Fee \$5	20% pay	40% pay	60% pay	80% pay	100% pay
Poverty	100%	125%	150%	175%	200%	> 200%
1	0-\$15,060	\$15,061- \$18,225	\$18,226- \$22,590	\$22,591- \$26,355	\$26,356- \$30,120	\$30,121+
2	0-\$20,440	\$20,441- \$25,550	\$25,551- \$30,660	\$30,661- \$35,770	\$35,771- \$40,880	\$40,881+
3	0-\$25,820	\$25,821- \$32,275	\$32,276- \$38,730	\$38,731- \$45,185	\$45,186- \$51,640	\$51,641+
4	0-\$31,200	\$31,201- \$39,000	\$39,001- \$46,800	\$46,801- \$54,600	\$54,601- \$62,400	\$62,401+
5	0-\$36,580	\$36,581- \$45,725	\$45,726- \$54,870	\$54,871- \$64,015	\$64,016- \$73,160	\$73,161+
6	0-\$41,960	\$41,961- \$52,450	\$52,451- \$62,940	\$62,941- \$73,430	\$73,431- \$83,920	\$83,921+
7	0-\$47,340	\$47,341- \$59,175	\$59,176- \$71,010	\$71,011- \$82,845	\$82,846- \$94,680	\$94,681+
8	0-\$52,720	\$52,721- \$65,900	\$65,901- \$79,080	\$79,081- \$92,260	\$92,261- \$105,440	\$105,441+
Nominal fee	for those belo	ow 100% of p	overty is \$5.			
For each additional person, add	\$5,380	\$6,725	\$8,070	\$9,415	\$10,760	\$10,760

Notes: Based on Based on 2024 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate and that the thresholds would differ for sites in those two states. Sites n Puerto Rico and other outlying jurisdictions would use the above guidelines.