

UNIVERSITY OF WYOMING

Albany Community Health Clinic
920 E. Sheridan St., Suite A
Laramie, WY 82070
(307) 460 – 9039
Email: achc@uwoyo.edu



Outpatient Clinic Nominal Fee (Primary Care) – Sliding Fee Scale Effective February 1, 2017

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Fee	\$15	\$20	\$30	\$40	\$50	Posted Charge
Percent of FPL (a)	0-100%	101-125%	126-150%	151-175%	176-200%	>200%
Family Size	Income Per Year					
1	0 12,060	12,061 15,075	15,076 18,090	18,091 21,105	21,106 24,120	24,121
2	0 16,240	16,241 20,300	20,301 24,360	24,361 28,420	28,421 32,480	32,481
3	0 20,420	20,421 25,525	25,526 30,630	30,631 35,735	35,736 40,840	40,841
4	0 24,600	24,601 30,750	30,751 36,900	36,901 43,050	43,051 49,200	49,201
5	0 28,780	28,781 35,323	35,324 43,170	43,171 50,365	50,366 57,560	57,561
6	0 32,960	32,961 41,200	41,201 49,440	49,441 57,680	57,681 65,920	65,921
7	0 37,140	37,141 46,425	46,426 55,710	55,711 64,995	64,996 74,280	74,281
8	0 41,320	41,321 51,650	51,651 61,980	61,981 72,310	72,311 82,640	82,641
9	0 45,500	45,501 56,875	56,876 68,250	68,251 79,625	79,626 91,000	91,001
10	0 49,680	49,681 62,100	62,101 74,520	74,521 86,940	86,941 99,360	99,361

(a) Federal Poverty Level (FPL) as published in Federal Register January 26, 2017

For families/households with more than 10 persons, add \$4,180 per person.