

# **CENTRAL NEIGHBORHOOD HEALTH FOUNDATION**

## **SLIDING FEE DISCOUNT SCHEDULE 2026**

### **Medical/Behavioral Health Self-Pay Discount Schedule Based on 2026 Federal Poverty**

#### **Guidelines**

|                                  | ≤ 100%            |          | > 100% ≤ 125% |          | > 125% ≤ 150% |          | > 150% ≤ 175% |          | > 175% ≤ 200% |           | > 200%              |
|----------------------------------|-------------------|----------|---------------|----------|---------------|----------|---------------|----------|---------------|-----------|---------------------|
| S/P Nominal                      | \$25 - Nominal ** |          | \$35.00       |          | \$45.00       |          | \$55.00       |          | \$65.00       |           | Full Fees           |
| Slide                            | 0% - Slide A      |          | 80% - Slide B |          | 60% - Slide C |          | 40% - Slide D |          | 20% - Slide E |           | 100% - Full Fee     |
| Family Size                      | Annual Income     |          |               |          |               |          |               |          |               |           |                     |
| 1                                | \$0               | \$15,960 | \$15,961      | \$19,950 | \$19,951      | \$23,940 | \$23,941      | \$27,930 | \$27,931      | \$31,920  | \$31,921 and above  |
| 2                                | \$0               | \$21,640 | \$21,641      | \$27,050 | \$27,051      | \$32,460 | \$32,461      | \$37,870 | \$37,871      | \$43,280  | \$43,281 and above  |
| 3                                | \$0               | \$27,320 | \$27,321      | \$34,150 | \$34,151      | \$40,980 | \$40,981      | \$47,810 | \$47,811      | \$54,640  | \$54,641 and above  |
| 4                                | \$0               | \$33,000 | \$33,001      | \$41,250 | \$41,251      | \$49,500 | \$49,501      | \$57,750 | \$57,751      | \$66,000  | \$66,001 and above  |
| 5                                | \$0               | \$38,360 | \$38,361      | \$48,350 | \$48,351      | \$58,020 | \$58,021      | \$67,690 | \$67,691      | \$77,360  | \$77,361 and above  |
| 6                                | \$0               | \$44,360 | \$44,361      | \$55,450 | \$55,451      | \$66,540 | \$66,541      | \$77,630 | \$77,631      | \$88,720  | \$88,721 and above  |
| 7                                | \$0               | \$50,040 | \$50,041      | \$62,550 | \$62,551      | \$75,060 | \$75,061      | \$87,570 | \$87,571      | \$100,080 | \$100,081 and above |
| 8                                | \$0               | \$55,720 | \$55,721      | \$69,650 | \$69,651      | \$83,580 | \$83,581      | \$97,510 | \$97,511      | \$111,440 | \$111,441 and above |
| For each additional person [add] | \$5,680           |          | \$7,100       |          | \$8,520       |          | \$9,940       |          | \$11,360      |           | \$11,360            |

\*Full Fee per procedure code was determined based on locally prevailing rates or charges and designed to cover reasonable cost of operation

\*\* Nominal Fee is inclusive of office visit (new or established) and basic in-house labs

\*\*\*Outside labs and additional services are based on percentage discount and/or separate minimum fees listed on CNHF fee schedule.

\*\*\*\*No discounts are provided to patients over 200% of Federal Poverty Guidelines.

**\*Based on 2026 Federal Poverty Guidelines published in the Federal Register January 2026**

<https://aspe.hhs.gov>

**This Sliding Fee Schedule becomes applicable from the date of Board approval below until the date the Board approves the 2026 Sliding Fee Schedule.**

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Board of Directors, Chairperson Date

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Chief Executive Officer Date