Income Guidelines

The Clinic & The KIDS Clinic @ Central Oklahoma Family Medical Center offers a **discount** on medical and dental bills to patients if they qualify for our **sliding fee scale**. EVEN IF YOU HAVE INSURANCE COVERAGE YOU MAY BE ELIGIBLE. The discount percentage is based on the GROSS income of ALL members of the household and the number of members in the home and the annual Federal Poverty Guidelines. If you wish to apply for the discount, we will need a proof of the household income. This income must also be updated every year. By providing additional information along with the proof of income, our staff will calculate to determine your eligibility for the sliding scan discount.

Please indicate your family size and Total Estimated Annual Income Household income to help us with our Grant requirements.

Your income information is held confidentially and is utilized solely for the purpose of qualifying for discount and evaluating the effectiveness of our sliding fee discount program.

REQUIRED: According to *2026* Federal Poverty Guidelines.

	100% and below	101-125%	126-150%	151-175%	176-200%	Over 200%
Number in Household	At least- But not more than	At least- But not more than	At least- But not more than	At least- But not more than	At least- But not more than	
1	$0 – $15,960	$15,961-$19,950	$19,951-$23,940	$23,941-$27,930	$27,931-$31,920	$31,921+
2	$0-$21,640	$21,641-$27,050	$27,051-$32,460	$32,461-$37,870	$37,871-$43,280	$43,281+
3	$0-$27,320	$27,321-$34,150	$34,151-$40,980	$40,981-$47,810	$47,811-$54,640	$54,641+
4	$0-$33,000	$33,001-$41,250	$41,251-$49,500	$49,501-$57,750	$57,751-$66,000	$66,001+
5	$0-$38,680	$38,681-$48,350	$48,351-$58,020	$58,021-$67,690	$67,691-$77,360	$77,361+
6	$0-$44,360	$44,361-$55,450	$55,451-$66,540	$66,541-$77,630	$77,631-$88,720	$88,721+
7	$0-$50,040	$50,041-$62,550	$62,551-$75,060	$75,061-$87,570	$87,570-$100,080	$100,081+
8	$0-$55,720	$55,721-$69,650	$69,651-$83,580	$83,581-$97,510	$97,511-$111,440	$111,441+
Each Additional Person	Add $5,680					

Circle the appropriate box. You may indicate your desire to refuse to give this information by signing in the box below.
By Signing below, I acknowledge that this is the best estimate of my total annual household income:

Signature: _____ Date: _____

☐ I decline to provide my household income: _____ and do not want to be evaluated for possible discounts.