



## Sliding Fee Program Discount Schedule

	Annual Income Threshold by Sliding Fee Discount Schedule Pay Class and Percent Poverty					
	Fee					
	\$15.00 Nominal Fee	\$20.00 Slide Level A	\$25.00 Slide Level B	\$30.00 Slide Level C	\$35.00 Slide Level D	100% of Charges
	Poverty Level*					
Household Size	At or Below 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Above 200%
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	\$87,571 - \$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+
9	\$0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$107,450	\$107,451 - \$122,800	\$122,801+
10	\$0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$117,390	\$117,391 - \$134,160	\$134,161+
For each additional person, add...	\$5,680	\$5,680	\$5,680	\$5,680	\$5,680	\$5,680

\*Based on "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs. HHS Poverty Guidelines for 2026, *eff. January 15, 2026*"

Discounted Charge includes services performed by the Center during visit (e.g. in-house injection, in-house lab, in-house x-ray and ultrasound).

Patients may incur additional charges.

Additional Charges = third-party labs, prescription drugs, dentures or partials, eyeglasses, contact, etc.

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