

## Sliding Fee Discount Schedule

## **2025 Health & Human Services Poverty Guidelines**

% of Federal Poverty Income Guidelines		0-100% FPL	% 100.01-1 FPL			125.01-150% FPL		<b>200</b> %	Over 200% FPL
Family Size		Maximum Annual Income	Annua	Maximum Annual Income		num val me	Maximum Annual Income		Annual Income
1		\$15,650	\$19,56	\$19,563		475	\$31,300		\$31,301
2		\$21,150	\$26,43	\$26,438		\$31,725		00	\$42,301
3		\$26,650	\$33,31	\$33,313		\$39,975		00	\$53,301
4		\$32,150	\$40,18	\$40,188		225	\$54,300		\$54,301
5		\$37,650	\$47,06	\$47,063		475	\$75,300		\$75,301
6		\$43,150	\$53,93	\$53,938		725	\$86,300		\$86,301
7		\$48,650	\$60,81	\$60,813		\$72,975		00	\$97,301
8		\$54,150	\$67,68	\$67,688		\$81,225		00	\$108,301
Each additional family member		\$5,500	\$6,87	\$6,875		50	\$11,000		\$11,000
	Fede	ral	Medical/Psychiatry		Dental		В		ehavioral
Slide	Poverty Level		Discounted Fee		Discounted Fee		ee	Health	
								Discounted Fee	
Α	0 – 100%		\$40		\$55			\$15	
В	>100.01 – 125%		\$50		\$75			\$20	
С	125.01 – 150%		\$60		\$85			\$25	
D	150.01 – 200%		\$70		\$95			\$30	
E	Over 200%		Patient pays in full		Patient pays in full		ull	Patient pays in full	
Radiology			Α	В		С		D	E
Screening Mammogram			\$90	\$93	5	\$100		\$105	Pay in Full
Diagnostic Mammogram			\$100	\$105		\$110		\$115	Pay in Full
Ultrasounds			\$85	\$90	)	\$95		\$100	Pay in Full

**Dental Nominal Fee** Slide A is \$55 for each visit.

Medical (Primary Care) Nominal Fee Slide A is \$40.

**Psychiatry** is billable at the above Medical Discounted Fee rate.

Behavioral Health includes services of Behavior Health Counselors and LCSWs.

**Slide E Patients**: For Medical, Dental, Behavioral Health and Psychiatric; Office Visit \$130 due at Date of Service and remainder will be billed on agency financial policies and procedures.

## **Quality Healthcare for All**