



Sliding Fee Discount Schedule
Based on HHS 2025
Federal Poverty Poverty Guidelines

Approved by BOD: 2/25/2025

Office Visit	\$25	\$30		\$40		\$50		\$60		Full Charge
	F - Nominal Fee	E		D		C		B		A
<i>% Of FPL</i>	<i><=100%</i>	<i>101%</i>	<i>125%</i>	<i>126%</i>	<i>150%</i>	<i>151%</i>	<i>175%</i>	<i>176%</i>	<i>200%</i>	<i>Over 200%</i>
1	\$15,650	\$15,651	\$19,562	\$19,563	\$23,475	\$23,476	\$27,388	\$27,389	\$31,300	\$31,301
2	\$21,150	\$21,151	\$26,437	\$26,438	\$31,725	\$31,726	\$37,013	\$37,014	\$42,300	\$42,301
3	\$26,650	\$26,651	\$33,312	\$33,313	\$39,975	\$39,976	\$46,638	\$46,639	\$53,300	\$53,301
4	\$32,150	\$32,151	\$40,187	\$40,188	\$48,225	\$48,226	\$56,263	\$56,264	\$64,300	\$64,301
5	\$37,650	\$37,651	\$47,062	\$47,063	\$56,475	\$56,476	\$65,888	\$65,889	\$75,300	\$75,301
6	\$43,150	\$43,151	\$53,937	\$53,938	\$64,725	\$64,726	\$75,513	\$75,514	\$86,300	\$86,301
7	\$48,650	\$48,651	\$60,812	\$60,813	\$72,975	\$72,976	\$85,138	\$85,139	\$97,300	\$97,301
8*	\$54,150	\$54,151	\$67,687	\$67,688	\$81,225	\$81,226	\$94,763	\$94,764	\$108,300	\$108,301
For each additional person, add:	\$5,500	\$6,875		\$8,250		\$9,625		\$11,000		

Dental Services	\$25	\$26	\$27	\$28	\$29	Full Charge
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Imaging (X-Ray/ RetinaVue)	\$20	\$22	\$24	\$26	\$28	Full Charge
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Labs	\$5	\$7	\$9	\$10	\$12	Full Charge
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***PROMPT PAY**

Sports Physical	\$ 30	Office Visit	\$ 80	IUD/Nexplanon remove/insert	\$ 100
Well Child/AdultCPE	\$ 50	New Pt. Office Visit	\$ 100	Imaging (X-Ray & RetinaVue)	\$ 30
GYN Exam	\$ 50	Flu Shots	\$ 30	Labs	\$ 15
Dietitian	\$ 40	Flu Shot High Dose	\$ 60		
Dietitian - Group (per person)	\$ 20	Dental Cleaning	\$ 30		
Counseling (individual)	\$ 80	Injections ONLY	\$ 10		
Counseling - New Pt (indv.)	\$ 100	Spirometry	\$ 30		
Counseling - Group (per Person)	\$ 20				

Additional Charges (See price list)

Injectible Medications
Imaging (X-Ray & RetinaVue)
Labs
Pharmacy Supply Charge:
Cost of medicine + \$10-Generic/\$15-Brand

*Prompt pay must be paid at time of service

SLIDING FEE LABS
MICROALBUMIN-CREATININE RATIO, URINE
B12
CHLAMYDIA TRACHOMATIS
CMP W/GFR
COMPLETE BLOOD COUNT W/DIFF
COMPELTE BLOOD COUNT W/O DIFF
CREATININE, URINE RAND
FOLATE, SERUM
GC AMPLIFIED PROBE
HEMOGLOBIN A1C
HIV
HPV
LIPID PROFILE
PROSTATE SPECIFIC ANTI (PSA)
PROTHROMBIN TIME + INR
THYROID STIM. HORMONE (TSH)
VITAMIN D (25-OH) CALCFDL
VITAMIN D 1,25-DIHYDROXY