



Sliding Fee Discount Schedule
Based on HHS 2026
Federal Poverty Poverty Guidelines

Approved by BOD:

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	\$15,960	\$15,961	\$19,950	\$19,951	\$23,940	\$23,941	\$27,930	\$27,931	\$31,920	\$31,921
2	\$21,640	\$21,641	\$27,050	\$27,051	\$32,460	\$32,461	\$37,870	\$37,871	\$43,280	\$43,281
3	\$27,320	\$27,321	\$34,150	\$34,151	\$40,980	\$40,981	\$47,810	\$47,811	\$54,640	\$54,641
4	\$33,000	\$33,001	\$41,250	\$41,251	\$49,500	\$49,501	\$57,750	\$57,751	\$66,000	\$66,001
5	\$38,680	\$38,681	\$48,350	\$48,351	\$58,020	\$58,021	\$67,690	\$67,691	\$77,360	\$77,361
6	\$44,360	\$44,361	\$55,450	\$55,451	\$66,540	\$66,541	\$77,630	\$77,631	\$88,720	\$88,721
7	\$50,040	\$50,041	\$62,550	\$62,551	\$75,060	\$75,061	\$87,570	\$87,571	\$100,080	\$100,081
8*	\$55,720	\$55,721	\$69,650	\$69,651	\$83,580	\$83,581	\$97,510	\$97,511	\$111,440	\$111,441
For each additional person, add:	\$5,680	\$7,100		\$8,520		\$9,940		\$11,360		

Dental Services	\$25	\$26	\$27	\$28	\$29	Full Charge
-----------------	------	------	------	------	------	-------------

Imaging (X-Ray/ RetinaVue)	\$20	\$22	\$24	\$26	\$28	Full Charge
-------------------------------	------	------	------	------	------	-------------

Labs	\$5	\$7	\$9	\$10	\$12	Full Charge
------	-----	-----	-----	------	------	-------------

***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