



2025 MEDICAL SERVICES SLIDING FEE SCHEDULE

Based on 2025 Federal Poverty Guidelines						
Discount	100%	80%	70%	60%	50%	No Discount
Poverty Level	A	B	C	D	E	F
1	0- \$15,650	\$15,651 - \$19,563	\$19,564 - \$23,475	\$23,476 - \$27,388	\$27,389 - \$31,299	\$31,300
2	0- \$21,150	\$21,151 - \$26,438	\$26,439 - \$31,725	\$31,726 - \$37,013	\$37,014 - \$42,299	\$42,300
3	0- \$26,650	\$26,651 - \$33,313	\$33,314 - \$39,975	\$39,976 - \$46,638	\$46,639 - \$53,299	\$53,300
4	0- \$32,150	\$32,151 - \$40,188	\$40,189 - \$48,225	\$48,226 - \$56,263	\$56,264 - \$64,299	\$64,300
5	0- \$37,650	\$37,651 - \$47,063	\$47,064 - \$56,475	\$56,476 - \$65,888	\$65,889 - \$75,299	\$75,300
6	0- \$43,150	\$43,151 - \$53,938	\$53,939 - \$64,725	\$64,726 - \$75,513	\$75,514 - \$86,299	\$86,300
7	0- \$48,650	\$48,651 - \$60,813	\$60,814 - \$72,975	\$72,976 - \$85,138	\$85,139 - \$97,299	\$97,300
8	0- \$54,150	\$54,151 - \$67,688	\$67,689 - \$81,225	\$81,226 - \$94,763	\$94,764 - \$108,299	\$108,300
Each additional person, add	\$5,500.00	\$6,875.00	\$8,250.00	\$9,625.00	\$11,000	\$11,000

Nominal /Minimum Fee Medical	\$35	\$40	\$45	\$50	\$55	\$85
Nominal /Minimum Fee BH (Counselor)	\$5	\$10	\$15	\$20	\$25	\$85

Nominal/Minimum fee only covers your office visit.

X-rays, Shots, Supplies, prescriptions, labs and equipment are not covered under the nominal/minimum fee

Any balance due after office visit will be billed.

Sliding fee schedule is offered depending upon family size and income.

This practice serves all patients regardless of inability to pay.

Approved by Board of Directors: 03/26/2025