

Forms of payment- Payment may be made by cash, check or credit card.

2025 Sliding Fee Scale

Annual Income Thresholds by Nominal Fee or Discounted Pay Class and Percent Poverty						
Poverty Level	At or Below 100% Level I	101-125% Level II	126-150% Level III	151-175% Level IV	176-200% Level V	Above 200%
	Nominal Fee		Discounted Class Price (Levels II- V)			
Family Size						
MEDICAL	\$10	\$15	\$20	\$25	\$30	100% Pay
BEHAVIORAL HEALTH	\$5	\$10	\$15	\$20	\$25	100% Pay
1	0-\$15,650	\$19,562.50	\$23,475	\$27,387.50	\$31,300	\$31,301 +
2	0-\$21,150	\$26,437.50	\$31,725	\$37,012.50	\$42,300	\$42,301 +
3	0-\$26,650	\$33,312.50	\$39,975	\$46,637.50	\$53,300	\$53,301 +
4	0-\$32,150	\$40,187.50	\$48,225	\$56,262.50	\$64,300	\$64,301 +
5	0-\$37,650	\$47,062.50	\$56,475	\$65,887.50	\$75,300	\$75,301 +
6	0-\$43,150	\$53,937.50	\$64,725	\$75,512.50	\$86,300	\$86,301 +
7	0-\$48,650	\$60,812.50	\$72,975	\$85,137.50	\$97,300	\$97,301 +
8	0-\$54,150	\$67,687.50	\$81,225	\$94,762.50	\$108,300	\$108,301+
For Each Additional Family Member Add	\$5,500	\$6,875	\$8,250	\$9,625	\$11,000	\$12,375
*Based on 2025 Federal Poverty Guidelines						

Level I- patients at or below 100% FPG will receive a 100 % discount of charges with a nominal fee as outlined above. Nominal Fee was determined by assessing the collection rates by discount pay class, write-off rates by discount pay class, patient surveys and board input.

Patients that fall between Levels II – V will receive a 100 % discount of charges with a discounted price as outline above.

Persons over 200 % of FPG will be responsible for the full charge and receive no discount.

Applicability: This policy applies to all patients and all services offered at the clinic. No patient will be denied services regardless of inability to pay.