

## 2026-2027 Clinical Services Sliding Fee Discount Scale

*Effective April 1, 2026- March 31, 2027*

Federal Poverty Guidelines									
	100% and below	125%	150%	175%	200%*	250%	300%	350%	400 + %
Family Size	A No Fee	B \$10.00	C \$20.00	D \$30.00	E \$40.00	F \$80.00	G \$100.00	H \$150.00	I Full price
1	\$0 - \$15,960	\$15,961- \$19,950	\$19,951- \$23,940	\$23,941- \$27,930	\$27,931 - \$31,920	\$31,921- \$39,900	\$39,901- \$47,880	\$47,881- \$63,840	\$63,841 or greater
2	\$0 - \$21,640	\$21,641- \$27,050	\$27,051- \$32,460	\$32,461 - \$37,870	\$37,871- \$43,280	\$43,281- \$54,100	\$54,101- \$64,920	\$64,921- \$86,560	\$86,561 or greater
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151- \$40,980	\$40,981- \$47,810	\$47,811- \$54,640	\$54,641- \$68,300	\$68,301- \$81,960	\$81,961- \$109,280	\$109,281 or greater
4	\$0 - \$33,000	\$33,001- \$42,250	\$42,251- \$49,500	\$49,501- \$57,750	\$57,751- \$66,000	\$66,001- \$82,500	\$82,501- \$99,000	\$99,001- \$132,000	\$132,001 or greater
5	\$0 - \$38,680	\$38,681- \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361- \$96,700	\$96,701- \$116,040	\$116,041- \$154,720	\$154,721 or greater
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541- \$77,630	\$77,631- \$88,720	\$88,721- \$110,900	\$110,901- \$133,080	\$133,081- \$177,440	\$177,441 or greater
7	\$0 - \$50,040	\$50,041- \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081- \$125,100	\$125,101- \$150,120	\$150,121- \$200,160	\$200,161 or greater
8	\$0 - \$55,720	\$55,721- \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441- \$139,300	\$139,301- \$167,160	\$167,161- \$222,881	\$222,882 or greater
Per Each Additional Member	add \$5,680	add \$7100	add \$8520	add \$9940	add \$11,360	add \$11,360	add \$11,000	add \$11,000	add \$11,000
<b>*Note: Healthcare for the Homeless Eligibility Discounts Stop at 200% of FPG</b>									
<b>PAYMENTS SHOULD BE MADE AT TIME OF VISIT</b>									