

# SLIDING FEE DISCOUNT SCALE 2025



## ANNUAL INCOME THRESHOLDS BY SLIDING FEE DISCOUNT PAY CLASS AND POVERTY LEVEL PERCENTAGE

Poverty Level*	At or below 100%	125%	150%	175%	200%	Above 200%	
	Level A	Level B	Level C	Level D	Level E	Level F	
Family Size	1	\$0.00 - \$15,650.00	\$15,650.01 - \$19,562.50	\$19,562.51 - \$23,475.00	\$23,475.01 - \$27,387.50	\$27,387.51 - \$31,300.00	\$31,300.01+
	2	\$0.00 - \$21,150.00	\$21,150.01 - \$26,437.50	\$26,437.51 - \$31,725.00	\$31,725.01 - \$37,012.50	\$37,012.51 - \$42,300.00	\$42,300.01+
	3	\$0.00 - \$26,650.00	\$26,650.01 - \$33,312.50	\$33,312.51 - \$39,975.00	\$39,975.01 - \$46,637.50	\$46,637.51 - \$53,300.00	\$53,300.01+
	4	\$0.00 - \$32,150.00	\$32,150.01 - \$40,187.50	\$40,187.51 - \$48,225.00	\$48,225.01 - \$56,262.50	\$56,262.51 - \$64,300.00	\$64,300.01+
	5	\$0.00 - \$37,650.00	\$37,650.01 - \$47,062.50	\$47,062.51 - \$56,475.00	\$56,475.01 - \$65,887.50	\$65,887.51 - \$75,300.00	\$75,300.01+
	6	\$0.00 - \$43,150.00	\$43,150.01 - \$53,937.50	\$53,937.51 - \$64,725.00	\$64,725.01 - \$75,512.50	\$75,512.51 - \$86,300.00	\$86,300.01+
	7	\$0.00 - \$48,650.00	\$48,650.01 - \$60,812.50	\$60,812.51 - \$72,975.00	\$72,975.01 - \$85,137.50	\$85,137.51 - \$97,300.00	\$97,300.01+
	8	\$0.00 - \$54,150.00	\$54,150.01 - \$67,687.50	\$67,687.51 - \$81,225.00	\$81,225.01 - \$94,762.50	\$94,762.51 - \$108,300.00	\$108,300.01+
	add for each above 8	\$5,500.00	\$6,875.00	\$8,250.00	\$9,625.00	\$11,000.00	

## PATIENT RESPONSIBILITY AT TIME OF SERVICE

Patient Discount	100%	80%	60%	40%	20%	No Discount Full Charge
<b>Medical/OBGYN</b>	Flat Fee: \$20.00 Patient Pays Flat Fee Only	Nominal Fee: \$25.00 Patient Pays: 20%	Nominal Fee: \$30.00 Patient Pays: 40%	Nominal Fee: \$40.00 Patient Pays: 60%	Nominal Fee: \$50.00 Patient Pays: 80%	Nominal Fee: \$75.00 Patient Pays: Full Charge
<b>Behavioral</b>	Flat Fee: \$10.00 Patient Pays Flat Fee Only	Nominal Fee: \$15.00 Patient Pays: 20%	Nominal Fee: \$20.00 Patient Pays: 40%	Nominal Fee: \$30.00 Patient Pays: 60%	Nominal Fee: \$40.00 Patient Pays: 80%	Nominal Fee: \$75.00 Patient Pays: Full Charge
<b>Labs</b>	\$0.00	\$10 Fee	\$10 Fee	\$10 Fee	\$10 Fee	\$10 Fee
<b>Ultrasounds</b>	\$45 Fee	\$50 Fee	\$60 Fee	\$75 Fee	\$100 Fee	Patient Pays: Full Charge
<b>School-Based Clinic</b>	Waived	Waived	Waived	Waived	Waived	Waived

\*Based on 2025 Federal Poverty Guidelines at <http://aspe.hhs.gov>

\*\* Long-Acting Reversible Contraception (LARC) services are excluded; see educational pamphlet

\*\*\* OBGYN Ultrasounds and procedures, please see Financial Counselor.

Income is calculated as annual earnings from January 1 through December 31. A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.

## NOTICE TO PATIENTS

This health center serves all patients regardless of their ability to pay. Discounts for essential services are offered based on family size and income. For more information, inquire at the front desk or visit our website. Thank you!



Shalom Health Care Center is an FTCA-deemed facility, and has been awarded Patient-Centered Medical Home recognition.

