Family Health Services

2025 SLIDING FEE SCALE
MEDICAL

	Level I		Level II		Level III		Level IV		Level V - No Discount
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	$0	$15,650	$15,651	$21,910	$21,911	$28,170	$28,171	$31,300	$31,301
2	$0	$21,150	$21,151	$29,610	$29,611	$38,070	$38,071	$42,300	$42,301
3	$0	$26,650	$26,651	$37,310	$37,311	$47,970	$47,971	$53,300	$53,301
4	$0	$32,150	$32,151	$45,010	$45,011	$57,870	$57,871	$64,300	$64,301
5	$0	$37,650	$37,651	$52,710	$52,711	$67,770	$67,771	$75,300	$75,301
6	$0	$43,150	$43,151	$60,410	$60,411	$77,670	$77,671	$86,300	$86,301
7	$0	$48,650	$48,651	$68,110	$68,111	$87,570	$87,571	$97,300	$97,301
8	$0	$54,150	$54,151	$75,810	$75,811	$97,470	$97,471	$108,300	$108,301
Add for Each Additional Person	$5,500		$7,700		$9,900		$11,000		$11,000

	Nominal Fees	Sliding Fee Flat Rate	Slliding Fee Flat Rate	Sliding Fee Flat Rate	
Office Visit/Telehealth/Counseling	$20	$40	$60	$80	$120 at time of visit/100% of charge
Dietitian	$0	$10	$20	$30	$40 at time of visit/100% of charge
Nurse Visit	$10	$15	$20	$25	$30 at time of visit/100% of charge

ADDITIONAL FEES

All Vaccines Admin Fee, incl. VFC	$20	$20	$20	$20	100% of charge

Administer fee covers <u>all</u> vaccines administered during office visit

LARC's w/ DISCOUNT

Liletta	$55	$70	$85	$95	100% of charge
Paraguard	$160	$190	$225	$255	100% of charge
Mirena	$200	$250	$285	$325	100% of charge
Nexplanon	$290	$340	$400	$455	100% of charge

Family Health Services

2025 SLIDING FEE SCALE

DENTAL

	Level I		Level II		Level III		Level IV		Level V - No Discount
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	$0	$15,650	$15,651	$21,910	$21,911	$28,170	$28,171	$31,300	$31,301
2	$0	$21,150	$21,151	$29,610	$29,611	$38,070	$38,071	$42,300	$42,301
3	$0	$26,650	$26,651	$37,310	$37,311	$47,970	$47,971	$53,300	$53,301
4	$0	$32,150	$32,151	$45,010	$45,011	$57,870	$57,871	$64,300	$64,301
5	$0	$37,650	$37,651	$52,710	$52,711	$67,770	$67,771	$75,300	$75,301
6	$0	$43,150	$43,151	$60,410	$60,411	$77,670	$77,671	$86,300	$86,301
7	$0	$48,650	$48,651	$68,110	$68,111	$87,570	$87,571	$97,300	$97,301
8	$0	$54,150	$54,151	$75,810	$75,811	$97,470	$97,471	$108,300	$108,301
Add for Each Additional Person	$5,500		$7,700		$9,900		$11,000		$11,000

	Nominal Fees	Sliding Fee Flat Rate	Slliding Fee Flat Rate	Sliding Fee Flat Rate	
Diagnostic & Preventive (Exams and X-Rays)	$20	$60	$100	$120	$150.00 due at the time of service / Pt will be billed for remainder balance
Restorative (Fillings), Periodontics & Extractions	$80	$100	$120	$140	$150.00 due at the time of service / Pt will be billed for remainder balance
Prosthodontics & Endodontics (Root Canals and Crown and Bridge)	$800	$900	$1,000	$1,100	50% of total charge is due prior to service, remaining 50% of total charges due upon completion