

SLIDING FEE DISCOUNT SCALE - PRIMARY CARE & PEDIATRIC SERVICES											
FEDERAL POVERTY GUIDELINES 2026											
DISCOUNT COLUMN	A		B		C		D		E		F
Family Size	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$15,960	\$15,961	\$22,025	\$22,026	\$23,940	\$23,941	\$27,930	\$27,931	\$31,920	\$31,921
2	\$0	\$21,640	\$21,641	\$29,863	\$29,864	\$32,460	\$32,461	\$37,870	\$37,871	\$43,280	\$43,281
3	\$0	\$27,320	\$27,321	\$37,702	\$37,703	\$40,980	\$40,981	\$47,810	\$47,811	\$54,640	\$54,641
4	\$0	\$33,000	\$33,001	\$45,540	\$45,541	\$49,500	\$49,501	\$57,750	\$57,751	\$66,000	\$66,001
5	\$0	\$38,680	\$38,681	\$53,378	\$53,379	\$58,020	\$58,021	\$67,690	\$67,691	\$77,360	\$77,361
6	\$0	\$44,360	\$44,361	\$61,217	\$61,218	\$66,540	\$66,541	\$77,630	\$77,631	\$88,720	\$88,721
7	\$0	\$50,040	\$50,041	\$69,055	\$69,056	\$75,060	\$75,061	\$87,570	\$87,571	\$100,080	\$100,081
8	\$0	\$55,720	\$55,721	\$76,894	\$76,895	\$83,580	\$83,581	\$97,510	\$97,511	\$111,440	\$111,441
9	\$0	\$61,400	\$61,401	\$84,732	\$84,733	\$92,100	\$92,101	\$107,450	\$107,451	\$122,800	\$122,801
10	\$0	\$67,080	\$67,081	\$92,570	\$92,571	\$100,620	\$100,621	\$117,390	\$117,391	\$134,160	\$134,161
Each Additional Person	\$5,680		\$7,838		\$8,520		\$9,940		\$11,360		\$11,360
Percentage of Discount to be Billed to Patient Charges (or Flat Rates)	Pay \$20.00		75% Discount on Visit Cost		65% Discount on Visit Cost		55% Discount on Visit Cost		45% Discount on Visit Cost		Pay 100% of Visit Cost
Poverty Level	0% to 100% Poverty		101% to 138% Poverty		139% to 150% Poverty		151% to 175% Poverty		176% to 200% Poverty		Above 200% Poverty

❖ Family PACT & CDP Eligible Patients:	No Charge - See Family Planning tab
❖ Sliding Fee Patients:	Paycheck stub, tax return, or other proof of income to be provided. Service will not be denied due to inability to pay. NOTE: Discounts apply to entire fee which includes provider services, labs and other procedures. Medications are not included in the fee and need to be paid separately.
❖ Covered California Patients:	Patients with Covered California Plans need to pay their visit's co-payment. If no co-payment is indicated but they have a deductible amount, they need to pay for the visit cost in accordance to our sliding fee schedule.
❖ Other Insurance Patients:	Patients with Commercial PPO need to pay their visit co-payment. If no co-payment is indicated but they have a deductible amount, they need to pay for the visit cost in accordance to our sliding fee schedule.