

SLIDING FEE DISCOUNT SCALE - FAMILY PLANNING 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	\$31,920	\$31,921	\$39,900	\$39,901
2	\$0	\$21,640	\$21,641	\$29,863	\$29,864	\$32,460	\$32,461	\$43,280	\$43,281	\$54,100	\$54,101
3	\$0	\$27,320	\$27,321	\$37,702	\$37,703	\$40,980	\$40,981	\$54,640	\$54,641	\$68,300	\$68,301
4	\$0	\$33,000	\$33,001	\$45,540	\$45,541	\$49,500	\$49,501	\$66,000	\$66,001	\$82,500	\$82,501
5	\$0	\$38,680	\$38,681	\$53,378	\$53,379	\$58,020	\$58,021	\$77,360	\$77,361	\$96,700	\$96,701
6	\$0	\$44,360	\$44,361	\$61,217	\$61,218	\$66,540	\$66,541	\$88,720	\$88,721	\$110,900	\$110,901
7	\$0	\$50,040	\$50,041	\$69,055	\$69,056	\$75,060	\$75,061	\$100,080	\$100,081	\$125,100	\$125,101
8	\$0	\$55,720	\$55,721	\$76,894	\$76,895	\$83,580	\$83,581	\$111,440	\$111,441	\$139,300	\$139,301
9	\$0	\$61,400	\$61,401	\$84,732	\$84,733	\$92,100	\$92,101	\$122,800	\$122,801	\$153,500	\$153,501
10	\$0	\$67,080	\$67,081	\$92,570	\$92,571	\$100,620	\$100,621	\$134,160	\$134,161	\$167,700	\$167,701
Each Additional Person	\$5,680		\$7,838		\$8,520		\$11,360		\$14,200		\$14,200
Percentage of Discount to be Billed to Patient Charges (or Flat Rates)	Pay \$0.00		75% Discount on Visit Cost		65% Discount on Visit Cost		50% Discount on Visit Cost		15% 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 200% Poverty		201% to 250% Poverty		Over 250% Poverty

❖ Family PACT & CDP Eligible Patients:	No Charge
❖ Sliding Fee Patients:	<ul style="list-style-type: none"> <li>• Paycheck stub, tax return, or other proof of income to be provided.</li> <li>• <b>Service will not be denied due to inability to pay.</b></li> </ul> <p><b>NOTE:</b> Discounts apply to entire fee which includes provider services, labs and other procedures. <b>Medications are not included in the fee and need to be paid separately.</b></p>
❖ Covered California Patients:	Patients with Covered California Plans 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.
❖ 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.