

SLIDING FEE DISCOUNT SCALE - PRIMARY CARE & PEDIATRIC SERVICES											
FEDERAL POVERTY GUIDELINES 2025											
DISCOUNT COLUMN	A		B		C		D		E		F
Family Size	From	To	From	To	From	To	From	To	From	To	Over
1	\$0	\$15,650	\$15,651	\$21,597	\$21,598	\$23,475	\$23,476	\$27,388	\$27,389	\$31,300	\$31,301
2	\$0	\$21,150	\$21,151	\$29,187	\$29,188	\$31,725	\$31,726	\$37,013	\$37,014	\$42,300	\$42,301
3	\$0	\$26,650	\$26,651	\$36,777	\$36,778	\$39,975	\$39,976	\$46,638	\$46,639	\$53,300	\$53,301
4	\$0	\$32,150	\$32,151	\$44,367	\$44,368	\$48,225	\$48,226	\$56,263	\$56,264	\$64,300	\$64,301
5	\$0	\$37,650	\$37,651	\$51,957	\$51,958	\$56,475	\$56,476	\$65,888	\$65,889	\$75,300	\$75,301
6	\$0	\$43,150	\$43,151	\$59,547	\$59,548	\$64,725	\$64,726	\$75,513	\$75,514	\$86,300	\$86,301
7	\$0	\$48,650	\$48,651	\$67,137	\$67,138	\$72,975	\$72,976	\$85,138	\$85,139	\$97,300	\$97,301
8	\$0	\$54,150	\$54,151	\$74,727	\$74,728	\$81,225	\$81,226	\$94,763	\$94,764	\$108,300	\$108,301
9	\$0	\$59,650	\$59,651	\$82,317	\$82,318	\$89,475	\$89,476	\$104,388	\$104,389	\$119,300	\$119,301
10	\$0	\$65,150	\$65,151	\$89,907	\$89,908	\$97,725	\$97,726	\$114,013	\$114,014	\$130,300	\$130,301
Each Additional Person	\$5,500		\$7,590		\$8,250		\$9,625		\$11,000		\$11,000
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.