

## 2025 Primary Care Sliding Fee Scale

*We offers a sliding fee scale discount program based on income for patients who are insured, uninsured and underinsured, providing access to healthcare for all. Please see front desk for more information.*

2025 Sliding Scale												
New Patient Pays: \$50 Established Patient Pays: \$50		New Patient Pays: \$55 Established Patient Pays: \$55		New Patient Pays: \$60 Established Patient Pays: \$60		New Patient Pays: \$70 Established Patient Pays: \$70		New Patient Pays: \$90 Established Patient Pays: \$90		New Patient Pays: Full Charge Established Patient Pays: Full Charge		
Level A		Level B		Level C		Level D		Level E		Level F		
Persons in Household	100% of Federal Poverty Level - Dollars Per Yer		From > 100%	To 139%	From > 139%	To 150%	From > 150%	To 175%	From > 175%	To 200%	> 200% of Federal Poverty Level	
1	< or = \$	15,650	\$ 15,651	\$ 21,754	\$ 21,755	\$ 23,475	\$ 23,476	\$ 27,388	\$ 27,389	\$ 31,300	> \$	31,300
2	< or = \$	21,150	\$ 21,151	\$ 29,399	\$ 29,400	\$ 31,725	\$ 31,726	\$ 37,013	\$ 37,014	\$ 42,300	> \$	42,300
3	< or = \$	26,650	\$ 26,651	\$ 37,044	\$ 37,045	\$ 39,975	\$ 39,976	\$ 46,638	\$ 46,639	\$ 53,300	> \$	53,300
4	< or = \$	32,150	\$ 32,151	\$ 44,689	\$ 44,690	\$ 48,225	\$ 48,226	\$ 56,263	\$ 56,264	\$ 64,300	> \$	64,300
5	< or = \$	37,650	\$ 37,651	\$ 52,334	\$ 52,335	\$ 56,475	\$ 56,476	\$ 65,888	\$ 65,889	\$ 75,300	> \$	75,300
6	< or = \$	43,150	\$ 43,151	\$ 59,979	\$ 59,980	\$ 64,725	\$ 64,726	\$ 75,513	\$ 75,514	\$ 86,300	> \$	86,300
7	< or = \$	48,650	\$ 48,651	\$ 67,624	\$ 67,625	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,300	> \$	97,300
8	< or = \$	54,150	\$ 54,151	\$ 75,269	\$ 75,270	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,300	> \$	108,300

For families/households with more than 8 persons, add \$5,500 for each additional person

*Se lo ofrecemos un descuento en base a sus ingresos mensuales a los pacientes asegurados, sin seguro y con seguro insuficiente. Para más información, pregunte en recepción.*

2025 Niveles de Costos												
Nuevo Paciente Paga: \$50 Paciente Establecido Paga: \$50		Nuevo Paciente Paga: \$55 Paciente Establecido Paga: \$55		Nuevo Paciente Paga: \$60 Paciente Establecido Paga: \$60		Nuevo Paciente Paga: \$70 Paciente Establecido Paga: \$70		Nuevo Paciente Paga: \$90 Paciente Establecido Paga: \$90		Nuevo Paciente Paga: Cargo Completo Paciente Establecido Paga: Cargo Completo		
Nivel A		Nivel B		Nivel C		Nivel D		Nivel E		Nivel F		
Numero de Personas en el Hogar	100% del Nivel Federal de Pobreza		De > 100%	Al 139%	De > 139%	Al 150%	De > 150%	Al 175%	De > 175%	Al 200%	> 200% del Nivel Federal de Pobreza	
1	< o = \$	15,650	\$ 15,651	\$ 19,563	\$ 19,564	\$ 23,475	\$ 23,476	\$ 27,388	\$ 27,389	\$ 31,300	> \$	31,300
2	< o = \$	21,150	\$ 21,151	\$ 26,438	\$ 26,439	\$ 31,725	\$ 31,726	\$ 37,013	\$ 37,014	\$ 42,300	> \$	42,300
3	< o = \$	26,650	\$ 26,651	\$ 33,313	\$ 33,314	\$ 39,975	\$ 39,976	\$ 46,638	\$ 46,639	\$ 53,300	> \$	53,300
4	< o = \$	32,150	\$ 32,151	\$ 40,188	\$ 40,189	\$ 48,225	\$ 48,226	\$ 56,263	\$ 56,264	\$ 64,300	> \$	64,300
5	< o = \$	37,650	\$ 37,651	\$ 47,063	\$ 47,064	\$ 56,475	\$ 56,476	\$ 65,888	\$ 65,889	\$ 75,300	> \$	75,300
6	< o = \$	43,150	\$ 43,151	\$ 53,938	\$ 53,939	\$ 64,725	\$ 64,726	\$ 75,513	\$ 75,514	\$ 86,300	> \$	86,300
7	< o = \$	48,650	\$ 48,651	\$ 60,813	\$ 60,814	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,300	> \$	97,300
8	< o = \$	54,150	\$ 54,151	\$ 67,688	\$ 67,689	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,300	> \$	108,300

Para los hogares con más de 8 personas, añada \$5,500 por cada persona adicional.