2025-2026 Sliding Fee Scale for Clinic Services

Family Size	Nominal Fee Above	At or Below	Above	At or Below	Above	At or Below	Above	At or Below	At or Above	
1	$0	$15,650	$15,651	$20,815	$20,816	$25,979	$25,980	$31,300	$31,301	OVER
2	$0	$21,150	$21,151	$28,130	$28,131	$35,109	$35,110	$42,300	$42,301	OVER
3	$0	$26,650	$26,651	$35,445	$35,446	$44,239	$44,240	$53,300	$53,301	OVER
4	$0	$32,150	$32,151	$42,760	$42,761	$53,369	$53,370	$64,300	$64,301	OVER
5	$0	$37,650	$37,651	$50,075	$50,076	$62,499	$62,500	$75,300	$75,301	OVER
6	$0	$43,150	$43,151	$57,390	$57,391	$71,629	$71,630	$86,300	$86,301	OVER
7	$0	$48,650	$48,651	$64,705	$64,706	$80,759	$80,760	$97,300	$97,301	OVER
8	$0	$54,150	$54,151	$72,020	$72,021	$89,889	$89,890	$108,300	$108,301	OVER
9	$0	$59,650	$59,651	$79,335	$79,336	$99,019	$99,020	$119,300	$119,301	OVER
10	$0	$65,150	$65,151	$86,650	$86,651	$108,149	$108,150	$130,300	$130,301	OVER
11	$0	$70,650	$70,651	$93,965	$93,966	$117,279	$117,280	$141,300	$141,301	OVER
12	$0	$76,150	$76,151	$101,280	$101,281	$126,409	$126,410	$152,300	$152,301	OVER
Each Addit'l	$5,500		Each Addit'l	# $ 5,500	Each Addit'l	$ 5,500	Each Addit'l	# $ 5,500	Each Addit'l	$ 5,500

PMS Discount Program

Medical and Behavioral Health					
Annual Preventive Wellness Exams, Labs, Screenings, Immunizations/Vaccines	$20 Per visit	$25 per Visit	$30 per Visit	$35 per Visit	**Patient Pays Full Charges**
General Primary Care, Diagnostic X-rays, Diagnostic Labs, Screenings, Family Planning, Immunizations/Vaccines, Gynecological Care, Prenatal and Perinatal services, Intrapartum care, Psychiatric and Mental Health Services	$25 Per visit	$35 per visit	$45 per visit	$55 per visit	
Pharmacy: Common Generic Presciptions	$10 Per medication	$15 per medication	$15 per medication	$20 per medication	
Dental					
Preventive Services Only	$20 Per visit	$25 per Visit	$30 per Visit	$35 per Visit	**Patient Pays Full Charges**
Exams, Diagnostic X-Rays	$25 Per visit	$35 per visit	$45 per visit	$55 per visit	
Extractions, Fillings, Minor Denture Repairs	$50.00 per visit	$75.00 per visit	$80.00 per visit	$100.00 per visit	
***Dentures (upper and lowers prices separately)**	$50.00 per visit	$75.00 per visit	$80.00 per visit	$100.00 per visit	
***Specialty Services: Crowns, bridges, implants and Root Canals**	$100.00 per visit	$150.00 per visit	$200.00 per visit	$250.00 per visit	
***additional lab charges may apply; consult with dental provider for exact costs**					

Effective : _____

_____
Program Name

DocuSigned by:
Franklin McCasland
BA2BC8D5FAFE488...
Administrator/Program Director

_____
, Board President

Escala movil Para Pagar Los Servicios de La Clinica En 2025-2026

# de Familiares	Ingresos 0-100% Tarifa Nominal $25 Pago	En o debajo	Pago	En o debajo	Pago	En o debajo	Pago	En o debajo	En o arriba
1	$0 -	$15,650	$15,651 -	$20,815	$20,816 -	$25,979	$25,980 -	$31,300	$31,301 - Encima
2	$0 -	$21,150	$21,151 -	$28,130	$28,131 -	$35,109	$35,110 -	$42,300	$42,301 - Encima
3	$0 -	$26,650	$26,651 -	$35,445	$35,446 -	$44,239	$42,862 -	$53,300	$53,301 - Encima
4	$0 -	$32,150	$32,151 -	$42,760	$42,761 -	$53,369	$53,370 -	$64,300	$64,301 - Encima
5	$0	$37,650	$37,651 -	$50,075	$50,076 -	$62,499	$62,500 -	$75,300	$75,301 - Encima
6	$0 -	$43,150	$43,151 -	$57,390	$57,391 -	$71,629	$71,630 -	$86,300	$86,301 - Encima
7	$0 -	$48,650	$48,651 -	$64,705	$64,706 -	$80,759	$80,760 -	$97,300	$97,301 - Encima
8	$0 -	$54,150	$54,151 -	$72,020	$72,021 -	$89,889	$89,890 -	$108,300	$108,301 - Encima
9	$0 -	$59,650	$59,651 -	$79,335	$79,336 -	$99,019	$99,020 -	$119,300	$119,301 - Encima
10	$0 -	$65,150	$65,151 -	$86,650	$86,651 -	$108,149	$108,150 -	$130,300	$130,301 - Encima
11	$0 -	$70,650	$70,651 -	$93,965	$93,966 -	$117,279	$117,280 -	$141,300	$141,301 Encima
12	$0 -	$76,150	$76,151 -	$101,280	$101,281 -	$126,409	$126,410 -	$152,300	$152,301 Encima
Cada Familiar Adicional		$5,500	adicional	$5,500	adicional	$5,500	adicional	$5,500	adiconal $5,500

PMS Descuento Programa					
Medicina y Salud Conductual					
Exámenes de bienestar preventivos anuales, la, laboratorios diagnositic comunes, pruebas y vacunaciones, Well Servicios infantiles	$20.00 por visita	$25.00 por visita	$30.00 por visita	$35.00 por visita	**El paciente paga los cargos completos**
General de Atención Primaria, de diagnóstico de rayos X, laboratorios diagnositic comunes, pruebas y vacunaciones, Well Servicios infantiles, Ginecológico Cuidado Prenatal y Servicios Perinatales, intraparto, psiquiátrica y terapia de salud mental	$25.00 por visita	$35.00 por visita	$45.00 por visita	$55.00 por visita	
Farmacia: Las recetas genéricas comunes	$10.00 por medicamentos	$15.00 por medicamentos	$15.00 por medicamentos	$20.00 por medicamentos	
Dental					
Sólo los servicios preventivos	$20.00 por visita	$25.00 por visita	$30.00 por visita	$35.00 por visita	**El paciente paga los cargos completos**
Exámenes , Rayos-X	$25.00 por visita	$35.00 por visita	$45.00 por visita	$55.00 por visita	
Extracciones, empastes , reparaciones de prótesis menores	$50.00 por visita	$75.00 por visita	$80.00 por visita	$100.00 por visita	
*** Dentaduras (superiores y disminuye un precio por separado)**	$50.00 por visita	$75.00 por visita	$80.00 por visita	$100.00 por visita	
*** Servicios especiales : coronas , implantes Puentes y endodoncias**	$100.00 por visita	$150.00 por visita	$200.00 por visita	$250.00 por visita	

Eficaz: _____

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Nombre del programa

DocuSigned by:
Franklin Mcfarland
BA2BC8D5FAFE488...
Directora Administrativa del programa

_____
, Presidente de la Junta