



**Family Health Centers, Inc.  
Sliding Fee Scale  
Annual Income Level  
Effective January 13, 2026**

Family Health Centers, Inc. sliding fee scale is used to determine the discount a patient will receive on their total charges for services. Patients are expected at the time of their visit to pay their minimum fee. The minimum fee varies and you will be billed for the remainder of the total charges for services – minus your discount.

<b>FPL</b>	<b>100%</b>	<b>125%</b>	<b>150%</b>	<b>175%</b>	<b>200%</b>	<b>&gt;200%</b>
<b>Family Size</b>	<b>Class A Pays Minimum Fee</b>	<b>Class B Pays 20%</b>	<b>CLASS C PAYS 40%</b>	<b>CLASS D PAYS 60%</b>	<b>CLASS E PAYS 80%</b>	<b>CLASS F PAYS 100%</b>
1	\$0 - \$15,960	\$ 15,961 - \$ 19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$ 31,920	\$ 31,921 - UP
2	\$0 - \$21,640	\$ 21,641 - \$ 27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$ 43,280	\$ 43,281 - UP
3	\$0 - \$27,320	\$ 27,321 - \$ 34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$ 54,640	\$ 54,641 - UP
4	\$0 - \$33,000	\$ 33,001 - \$ 41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$ 66,000	\$ 66,001 - UP
5	\$0 - \$38,680	\$ 38,681 - \$ 48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$ 77,360	\$ 77,361 - UP
6	\$0 - \$44,360	\$ 44,361 - \$ 55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$ 88,720	\$ 88,721 - UP
7	\$0 - \$50,040	\$ 50,041 - \$ 62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$ 100,080	\$100,081 - UP
8	\$0 - \$55,720	\$ 55,721 - \$ 69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$ 111,440	\$111,441 - UP

Note: For family units of more than 8 members, add \$5,680 for each additional member



**Family Health Centers, Inc.**  
**Sliding Fee Scale**  
***Monthly Income Level***  
**Effective January 13, 2026**

Family Size	Class A Pays Minimum Fee	Class B Pays 20%	CLASS C PAYS 40%	CLASS D PAYS 60%	CLASS E PAYS 80%	CLASS F PAYS 100%
1	\$0 - \$ 1,330	\$ 1,331 - \$ 1,663	\$ 1,664 - \$ 1,995	\$ 1,996 - \$ 2,328	\$ 2,329 - \$ 2,660	\$ 2,661 - UP
2	\$0 - \$ 1,803	\$ 1,804 - \$ 2,254	\$ 2,255 - \$ 2,705	\$ 2,706 - \$ 3,155	\$ 3,156 - \$ 3,606	\$ 3,607 - UP
3	\$0 - \$ 2,277	\$ 2,278 - \$ 2,846	\$ 2,847 - \$ 3,416	\$ 3,417 - \$ 3,985	\$ 3,986 - \$ 4,554	\$ 4,555 - UP
4	\$0 - \$ 2,750	\$ 2,751 - \$ 3,438	\$ 3,439 - \$ 4,125	\$ 4,126 - \$ 4,813	\$ 4,814 - \$ 5,500	\$ 5,501 - UP
5	\$0 - \$ 3,223	\$ 3,224 - \$ 4,029	\$ 4,030 - \$ 4,835	\$ 4,836 - \$ 5,640	\$ 5,641 - \$ 6,446	\$ 6,447 - UP
6	\$0 - \$ 3,697	\$ 3,698 - \$ 4,621	\$ 4,622 - \$ 5,546	\$ 5,547 - \$ 6,470	\$ 6,471 - \$ 7,394	\$ 7,395 - UP
7	\$0 - \$ 4,170	\$ 4,171 - \$ 5,213	\$ 5,214 - \$ 6,255	\$ 6,256 - \$ 7,298	\$ 7,299 - \$ 8,340	\$ 8,341 - UP
8	\$0 - \$ 4,643	\$ 4,644 - \$ 5,804	\$ 5,805 - \$ 6,965	\$ 6,966 - \$ 8,125	\$ 8,126 - \$ 9,286	\$ 9,287 - UP

Note: For family units of more than 8 members, add \$473.33 for each additional member



**Family Health Centers, Inc.**  
**Sliding Fee Scale**  
***Bi-Weekly Income Level***  
**Effective January 13, 2026**

Family Size	Class A Pays Minimum Fee	Class B Pays 20%	CLASS C PAYS 40%	CLASS D PAYS 60%	CLASS E PAYS 80%	CLASS F PAYS 100%
1	\$0 - \$ 614	\$ 615 - \$ 767	\$ 768 - \$ 921	\$ 922 - \$ 1,074	\$ 1,075 - \$ 1,228	\$ 1,229 - UP
2	\$0 - \$ 832	\$ 833 - \$ 1,040	\$ 1,041 - \$ 1,248	\$ 1,249 - \$ 1,457	\$ 1,458 - \$ 1,665	\$ 1,666 - UP
3	\$0 - \$ 1,051	\$ 1,052 - \$ 1,313	\$ 1,314 - \$ 1,576	\$ 1,577 - \$ 1,839	\$ 1,840 - \$ 2,102	\$ 2,103 - UP
4	\$0 - \$ 1,269	\$ 1,270 - \$ 1,587	\$ 1,588 - \$ 1,904	\$ 1,905 - \$ 2,221	\$ 2,222 - \$ 2,538	\$ 2,539 - UP
5	\$0 - \$ 1,488	\$ 1,489 - \$ 1,860	\$ 1,861 - \$ 2,232	\$ 2,233 - \$ 2,603	\$ 2,604 - \$ 2,975	\$ 2,976 - UP
6	\$0 - \$ 1,706	\$ 1,707 - \$ 2,133	\$ 2,134 - \$ 2,559	\$ 2,560 - \$ 2,986	\$ 2,987 - \$ 3,412	\$ 3,413 - UP
7	\$0 - \$ 1,925	\$ 1,926 - \$ 2,406	\$ 2,407 - \$ 2,887	\$ 2,888 - \$ 3,368	\$ 3,369 - \$ 3,849	\$ 3,850 - UP
8	\$0 - \$ 2,143	\$ 2,144 - \$ 2,679	\$ 2,680 - \$ 3,215	\$ 3,216 - \$ 3,750	\$ 3,751 - \$ 4,286	\$ 4,287 - UP

Note: For family units of more than 8 members, add \$218.46 for each additional member



**Family Health Centers, Inc.**  
**Sliding Fee Scale**  
**Weekly Income Level**  
**Effective January 13, 2026**

Family Size	Class A Pays Minimum Fee	Class B Pays 20%	CLASS C PAYS 40%	CLASS D PAYS 60%	CLASS E PAYS 80%	CLASS F PAYS 100%
1	\$0 - \$ 307	\$ 308 - \$ 384	\$ 385 - \$ 460	\$ 461 - \$ 537	\$ 538 - \$ 614	\$ 615 - UP
2	\$0 - \$ 416	\$ 417 - \$ 520	\$ 521 - \$ 624	\$ 625 - \$ 728	\$ 729 - \$ 832	\$ 833 - UP
3	\$0 - \$ 525	\$ 526 - \$ 657	\$ 658 - \$ 788	\$ 789 - \$ 919	\$ 920 - \$ 1,051	\$ 1,052 - UP
4	\$0 - \$ 635	\$ 636 - \$ 793	\$ 794 - \$ 952	\$ 953 - \$ 1,111	\$ 1,112 - \$ 1,269	\$ 1,270 - UP
5	\$0 - \$ 744	\$ 745 - \$ 930	\$ 931 - \$ 1,116	\$ 1,117 - \$ 1,302	\$ 1,303 - \$ 1,488	\$ 1,489 - UP
6	\$0 - \$ 853	\$ 854 - \$ 1,066	\$ 1,067 - \$ 1,280	\$ 1,281 - \$ 1,493	\$ 1,494 - \$ 1,706	\$ 1,707 - UP
7	\$0 - \$ 962	\$ 963 - \$ 1,203	\$ 1,204 - \$ 1,443	\$ 1,444 - \$ 1,684	\$ 1,685 - \$ 1,925	\$ 1,926 - UP
8	\$0 - \$ 1,072	\$ 1,073 - \$ 1,339	\$ 1,340 - \$ 1,607	\$ 1,608 - \$ 1,875	\$ 1,876 - \$ 2,143	\$ 2,144 - UP

Note: For family units of more than 8 members, add \$109.23 for each additional member