

**SLIDING FEE SCALE BASED ON 2026 FEDERAL POVERTY GUIDELINES**

All self pay patient to receive a 35% discount on hospital services. 10% discount on clinic services

**FAP - Will not cover any Primary Insurance deductibles or copays.**

| Family Size                    | 100% FPG<br>Less Than \$ | 125% FPG<br>Less Than \$ | 150% FPG<br>Less Than \$ | 175% FPG<br>Less Than \$ | 200% FPG<br>Less Than \$ | 250% FPG<br>Less Than \$ | 300% FPG<br>Less Than \$ |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                              | \$15,960                 | \$19,950                 | \$23,940                 | \$27,930                 | \$31,920                 | \$39,900                 | \$47,880                 |
| 2                              | \$21,640                 | \$27,050                 | \$32,460                 | \$37,870                 | \$43,280                 | \$54,100                 | \$64,920                 |
| 3                              | \$27,320                 | \$34,150                 | \$40,980                 | \$47,810                 | \$54,640                 | \$68,300                 | \$81,960                 |
| 4                              | \$33,000                 | \$41,250                 | \$49,500                 | \$57,750                 | \$66,000                 | \$82,500                 | \$99,000                 |
| 5                              | \$38,680                 | \$48,350                 | \$58,020                 | \$67,690                 | \$77,360                 | \$96,700                 | \$116,040                |
| 6                              | \$44,360                 | \$55,450                 | \$66,540                 | \$77,630                 | \$88,720                 | \$110,900                | \$133,080                |
| 7                              | \$50,040                 | \$62,550                 | \$75,060                 | \$87,570                 | \$100,080                | \$125,100                | \$150,120                |
| 8                              | \$55,720                 | \$69,650                 | \$83,580                 | \$97,510                 | \$111,440                | \$139,300                | \$167,160                |
| Each addition<br>family member | \$5,680                  | \$7,100                  | \$8,520                  | \$9,940                  | \$11,360                 | \$14,200                 | \$17,040                 |

| Hospital Expected Payment | Co-Pay  |         | 80% MCR Rate |         | 100% MCR Rate |         | 100% MCR Rate |  |
|---------------------------|---------|---------|--------------|---------|---------------|---------|---------------|--|
|                           | Co-Pay  | Co-Pay  | Co-Pay       | Co-Pay  | Co-Pay        | Co-Pay  | Co-Pay        |  |
| Clinic Expected Payment   | \$10.00 | \$15.00 | \$20.00      | \$25.00 | \$30.00       | \$35.00 | \$40.00       |  |
| Out Pt Services Payment   | \$20.00 | \$20.00 | \$30.00      | \$30.00 | \$40.00       |         |               |  |
| ER Expected Payment       | \$30.00 | \$30.00 | \$30.00      | \$50.00 | \$50.00       |         |               |  |

**ADDITIONAL INSTRUCTIONS:**

For any non-emergent patient, attempts should be made to collect as much of the deductible and Copay at registration. If the patient has a very large deductible and/or Copay amount due, the patient can fill out a financial assistance application. Once the application is returned with ALL the requested information, the application must be reviewed by the CFO or FAP Admin Team to determine if a charity discount can be offered.

*Medicare deductibles and Co Insurance amounts due from the patient must go through the collection process to be written off to Medicare Bad Debt.*

*Medicaid approved patients will not be eligible for the Financial Assistance Program (FAP)  
Patients that have a double insurance will not be eligible for the Financial Assistance Program (FAP)*