

Community Medicine Foundation 2025 SLIDING FEE SCALE

Patient Pays	Nominal Fee: \$10	\$25	\$35	\$45	\$65	Full Charge	
Family Size	Type A At or Below 100% Poverty	Type B 101% to 125%	Type C 126% to 150%	Type D 151% to 175%	Type E 176% to 200%	Self Pay Over 200% Poverty	
1	\$15,650 or less	\$15,651 To \$19,563	\$19,564 To \$23,475	\$23,476 To \$27,388	\$27,389 To \$31,300	\$31,301 and over	4%
2	\$21,150 or less	\$21,151 To \$26,438	\$26,439 To \$31,725	\$31,726 To \$37,013	\$37,014 To \$42,300	\$42,301 and over	3%
3	\$26,650 or less	\$26,651 To \$33,313	\$33,314 To \$39,975	\$39,976 To \$46,638	\$46,639 To \$53,300	\$53,301 and over	3%
4	\$32,150 or less	\$32,151 To \$40,188	\$40,189 To \$48,225	\$48,226 To \$56,263	\$56,264 To \$64,300	\$64,301 and over	3%
5	\$37,650 or less	\$37,651 To \$47,063	\$47,064 To \$56,475	\$56,476 To \$65,888	\$65,889 To \$75,300	\$75,301 and over	3%
6	\$43,150 or less	\$43,151 To \$53,938	\$53,939 To \$64,725	\$64,726 To \$75,513	\$75,514 To \$86,300	\$86,301 and over	3%
7	\$48,650 or less	\$48,651 To \$60,813	\$60,814 To \$72,975	\$72,976 To \$85,138	\$85,139 To \$97,300	\$97,301 and over	3%
8	\$54,150 or less	\$54,151 To \$67,688	\$67,689 To \$81,225	\$81,226 To \$94,763	\$94,764 To \$108,300	\$108,301 and over	3%

*For family units with more than eight (8) members, add \$5,500 for each additional member.

The Board approved effective date of this guideline is . 01/28/2025

NOTE: Proof of family size and income must be provided for all patients wishing to apply for the Sliding Fee Program.