

**Vital Health Management Sliding Fee Scale  
(Per 2025 Federal Poverty Guideline) eff. 1-31-2025**

Note: Demonstrating ability/inability to pay is the responsibility of the person receiving services

<u>Patient pays</u> Percent of Bill Or Co Pay Amount Poverty Level  # of Persons in Household	<u>Category 1</u> <u>0</u> <u>Or</u> <u>Flat Rate \$5.00</u> <u>Up to 100%</u>		<u>Category 2</u> <u>0.1</u> <u>Or</u> <u>Flat Rate \$10.00</u> <u>Up to 125%</u>		<u>Category 3</u> <u>0.25</u> <u>Or</u> <u>Flat Rate \$20.00</u> <u>Up to 151%</u>		<u>Category 4</u> <u>0.5</u> <u>Or</u> <u>Flat Rate \$40.00</u> <u>Up to 176%</u>		<u>Category 5</u> <u>0.85</u> <u>Or</u> <u>Flat Rate \$60.00</u> <u>Up to 250%</u>		<u>Category 6</u> <u>1</u> <u>Or</u> <u>Full Fee</u> <u>Up to 251% and Greater</u>	
	<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>		<u>Maximum Yearly Household Income</u>	
1	\$0.00	- \$15,650.00	\$15,651.00	- \$19,562.50	\$19,563.50	- \$23,631.50	\$23,632.50	- \$27,544.00	\$27,545.00	- \$39,125.00	\$39,126.00	- \$39,281.50
2	\$0.00	- \$21,150.00	\$21,151.00	- \$26,437.50	\$26,438.50	- \$31,936.50	\$31,937.50	- \$37,224.00	\$37,225.00	- \$52,875.00	\$52,876.00	- \$53,086.50
3	\$0.00	- \$26,650.00	\$26,651.00	- \$33,312.50	\$33,313.50	- \$40,241.50	\$40,242.50	- \$46,904.00	\$46,905.00	- \$66,625.00	\$66,626.00	- \$66,891.50
4	\$0.00	- \$32,150.00	\$32,151.00	- \$40,187.50	\$40,188.50	- \$48,546.50	\$48,547.50	- \$56,584.00	\$56,585.00	- \$80,375.00	\$80,376.00	- \$80,696.50
5	\$0.00	- \$37,650.00	\$37,651.00	- \$47,062.50	\$47,063.50	- \$56,851.50	\$56,852.50	- \$66,264.00	\$66,265.00	- \$94,125.00	\$94,126.00	- \$94,501.50
6	\$0.00	- \$43,150.00	\$43,151.00	- \$53,937.50	\$53,938.50	- \$65,156.50	\$65,157.50	- \$75,944.00	\$75,945.00	- \$107,875.00	\$107,876.00	- \$108,306.50
7	\$0.00	- \$48,650.00	\$48,651.00	- \$60,812.50	\$60,813.50	- \$73,461.50	\$73,462.50	- \$85,624.00	\$85,625.00	- \$121,625.00	\$121,626.00	- \$122,111.50
8	\$0.00	- \$54,150.00	\$54,151.00	- \$67,687.50	\$67,688.50	- \$81,766.50	\$81,767.50	- \$95,304.00	\$95,305.00	- \$135,375.00	\$135,376.00	- \$135,916.50
9	\$0.00	- \$59,650.00	\$59,651.00	- \$74,562.50	\$74,563.50	- \$90,071.50	\$90,072.50	- \$104,984.00	\$104,985.00	- \$149,125.00	\$149,126.00	- \$149,721.50
10	\$0.00	- \$65,150.00	\$65,151.00	- \$81,437.50	\$81,438.50	- \$98,376.50	\$98,377.50	- \$114,664.00	\$114,665.00	- \$162,875.00	\$162,876.00	- \$163,526.50
11	\$0.00	- \$70,650.00	\$70,651.00	- \$88,312.50	\$88,313.50	- \$106,681.50	\$106,682.50	- \$124,344.00	\$124,345.00	- \$176,625.00	\$176,626.00	- \$177,331.50
12	\$0.00	- \$76,150.00	\$76,151.00	- \$95,187.50	\$95,188.50	- \$114,986.50	\$114,987.50	- \$134,024.00	\$134,025.00	- \$190,375.00	\$190,376.00	- \$191,136.50
13	\$0.00	- \$81,650.00	\$81,651.00	- \$102,062.50	\$102,063.50	- \$123,291.50	\$123,292.50	- \$143,704.00	\$143,705.00	- \$204,125.00	\$204,126.00	- \$204,941.50
14	\$0.00	- \$87,150.00	\$87,151.00	- \$108,937.50	\$108,938.50	- \$131,596.50	\$131,597.50	- \$153,384.00	\$153,385.00	- \$217,875.00	\$217,876.00	- \$218,746.50
For Each Additional Member add:	\$0.00	- \$5,500.00										

\*This Certified Community Behavioral Health Center offers Medical Care Discounts.

**\*NO ONE WILL BE DENIED ACCESS TO SERVICES DUE TO INABILITY TO PAY; AND THERE IS A DISCOUNTED/SLIDING FEE SCHEDULE BASED ON FAMILY SIZE AND INCOME**

\*Out of pocket fees for income-eligible sliding fee patients at or below 250% FPG will be the lesser of  
the insurance copayment or the sliding fee charge, unless precluded by patient insurance carrier and contract.

\*Same scale applies to labs (non dental), medication and supplies.

**Qualifications:**

- 1) Family size and income range fall in Category 1-6.
- 2) Application Approved