SCHG SLIDING FEE SCALE

2025

Services Discounted Rate	Federal Poverty Guideline	Self Pay I 0% - 100%	Self Pay II >101%-125% \$15 \$15 \$45 70% (patient pays 30%)		Self Pay III >126%-150% \$20 \$20 \$60 60% (patient pays 40%)		Self Pay IV >151%-175% \$25 \$25 \$75 \$0% (patient pays 50%)		Self Pay V >176%-200% \$30 \$30 \$90 40% (patient pays 60%)		Self Pay VI above 200% Full Fee Full Fee Full Fee 100%	
	Medical	\$10 nominal fee \$10 nominal fee \$30 nominal fee										
	Behavioral Health											
	Chiropractic											
	Other additional services	patient pays 20%										
Family Size	Annual Income											
1	\$15,650	0 - \$15,650	\$15,651	\$19,563	\$19,564	\$23,475	\$23,476	\$27,388	\$27,389	\$31,300	\$31,301	+
2	\$21,150	0 - \$21,150	\$21,151	\$26,438	\$26,439	\$31,725	\$31,726	\$37,013	\$37,014	\$42,300	\$42,301	+
3	\$26,650	0 - \$26,650	\$26,651	\$33,313	\$33,314	\$39,975	\$39,976	\$46,638	\$46,639	\$53,300	\$53,301	+
4	\$32,150	0 - \$32,150	\$32,151	\$40,188	\$40,189	\$48,225	\$48,226	\$56,263	\$56,264	\$64,300	\$64,301	+
5	\$37,650	0 - \$37,650	\$37,651	\$47,063	\$47,064	\$56,475	\$56,476	\$65,888	\$65,889	\$75,300	\$75,301	+
6	\$43,150	0 - \$43,150	\$43,151	\$53,938	\$53,939	\$64,725	\$64,726	\$75,513	\$75,514	\$86,300	\$86,301	+
7	\$48,650	0 - \$48,650	\$48,651	\$60,813	\$60,814	\$72,975	\$72,976	\$85,138	\$85,139	\$97,300	\$97,301	+
8	\$54,150	0 - \$54,150	\$54,151	\$67,688	\$67,689	\$81,225	\$81,226	\$94,763	\$94,764	\$108,300	\$108,301	+

Para las familias y los hogares con más de 8 personas, agregue \$5,550 a ingresos anuales por cada persona adicional.

For visits not covered by any special programs or insurance we offer a discount based on your gross income and family size. Para visitas en que no califico para un programa especial o por seguro medico, ofrecemos descuentos basado en su ingreso bruto y por la medida de su familia.

Payment is requested on the date of service.

Su pago se require en el dia de servicio.