SCHG
SLIDING FEE SCALE 2026

Services Discounted Rate	Federal Poverty Guideline	Self Pay I 0% - 100%	Self Pay II >101%-125%	Self Pay III >126%-150%	Self Pay IV >151%-175%	Self Pay V >176%-200%	Self Pay VI above 201%
	Medical	$10 nominal fee	$15	$20	$25	$30	Full Fee
	Behavioral Health	$10 nominal fee	$15	$20	$25	$30	Full Fee
	Chiropractic/Acupuncture	$30 nominal fee	$45	$60	$75	$90	Full Fee
	Dental (Evaluation & X-Rays)	$40 nominal fee	$55	$70	$85	$100	Full Fee
	Vision Services (Retinal Screening)	$40 nominal fee	$55	$70	$85	$100	Full Fee
	Additional Dental Procedures	40% of Fee Schedule	45% of Fee Schedule	55% of Fee Schedule	65% of Fee Schedule	75% of Fee Schedule	Full Fee
	Outside Laboratory Services	cost	cost	cost	cost	cost	cost

Family Size	Annual Income										
1	$15,960	0 - $15,960	$15,961	$19,950	$19,951	$23,940	$23,941	$27,930	$27,931	$31,920	$31,921 +
2	$21,640	0 - $21,640	$21,641	$27,050	$27,051	$32,460	$32,461	$37,870	$37,871	$43,280	$43,281 +
3	$27,320	0 - $24,860	$27,321	$34,150	$34,151	$40,980	$40,981	$47,810	$47,811	$54,640	$54,641 +
4	$33,000	0 - $33,000	$33,001	$41,250	$41,251	$49,500	$49,501	$57,750	$57,751	$66,000	$66,001 +
5	$38,680	0 - $38,680	$38,681	$48,350	$48,351	$58,020	$58,021	$67,690	$67,691	$77,360	$77,361 +
6	$44,360	0 - $44,360	$44,361	$55,450	$55,451	$66,540	$66,541	$77,630	$77,631	$88,720	$88,721 +
7	$50,040	0 - $50,040	$50,041	$62,550	$62,551	$75,060	$75,061	$87,570	$87,571	$100,080	$100,081 +
8	$55,720	0 - $55,720	$55,721	$69,650	$69,651	$83,580	$83,581	$97,510	$97,511	$111,440	$111,441 +

For families/households with more than 8 persons, add $5,680 to annual income for each additional person.

Para las familias y los hogares con más de 8 personas, agregue $5,680 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.