# Wiregrass Direct Primary Care PLLC - Sliding Fee Schedule (2025)

This schedule outlines patient responsibility based on household size and income as a percentage of the 2025 Federal Poverty Guidelines. The base visit charge is $150. Thresholds are updated annually.

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| Household Size | Income Level (% of FPL) | Patient Pays | Income Threshold (Annual) | Standard Visit Charge |
| 1 | 0–100% | $5 | ≤ $15,650 | $150 |
| 1 | 101–125% | $25 | ≤ $19,562 | $150 |
| 1 | 126–150% | $35 | ≤ $23,475 | $150 |
| 1 | 151–175% | $45 | ≤ $27,387 | $150 |
| 1 | 176–200% | $55 | ≤ $31,300 | $150 |
| 1 | 276–300% | $65 | ≤ $46,950 | $150 |
| 1 | 376–400% | $75 | ≤ $62,600 | $150 |
| 1 | 476–500% | $85 | ≤ $78,250 | $150 |
| 1 | 576–600% | $95 | ≤ $93,900 | $150 |
| 1 | 676–700% | $105 | ≤ $109,550 | $150 |
| 2 | 0–100% | $5 | ≤ $21,150 | $150 |
| 2 | 101–125% | $25 | ≤ $26,437 | $150 |
| 2 | 126–150% | $35 | ≤ $31,725 | $150 |
| 2 | 151–175% | $45 | ≤ $37,012 | $150 |
| 2 | 176–200% | $55 | ≤ $42,300 | $150 |
| 2 | 276–300% | $65 | ≤ $63,450 | $150 |
| 2 | 376–400% | $75 | ≤ $84,600 | $150 |
| 2 | 476–500% | $85 | ≤ $105,750 | $150 |
| 2 | 576–600% | $95 | ≤ $126,900 | $150 |
| 2 | 676–700% | $105 | ≤ $148,050 | $150 |
| 3 | 0–100% | $5 | ≤ $26,650 | $150 |
| 3 | 101–125% | $25 | ≤ $33,312 | $150 |
| 3 | 126–150% | $35 | ≤ $39,975 | $150 |
| 3 | 151–175% | $45 | ≤ $46,637 | $150 |
| 3 | 176–200% | $55 | ≤ $53,300 | $150 |
| 3 | 276–300% | $65 | ≤ $79,950 | $150 |
| 3 | 376–400% | $75 | ≤ $106,600 | $150 |
| 3 | 476–500% | $85 | ≤ $133,250 | $150 |
| 3 | 576–600% | $95 | ≤ $159,900 | $150 |
| 3 | 676–700% | $105 | ≤ $186,550 | $150 |
| 4 | 0–100% | $5 | ≤ $32,150 | $150 |
| 4 | 101–125% | $25 | ≤ $40,187 | $150 |
| 4 | 126–150% | $35 | ≤ $48,225 | $150 |
| 4 | 151–175% | $45 | ≤ $56,262 | $150 |
| 4 | 176–200% | $55 | ≤ $64,300 | $150 |
| 4 | 276–300% | $65 | ≤ $96,450 | $150 |
| 4 | 376–400% | $75 | ≤ $128,600 | $150 |
| 4 | 476–500% | $85 | ≤ $160,750 | $150 |
| 4 | 576–600% | $95 | ≤ $192,900 | $150 |
| 4 | 676–700% | $105 | ≤ $225,050 | $150 |
| 5 | 0–100% | $5 | ≤ $37,650 | $150 |
| 5 | 101–125% | $25 | ≤ $47,062 | $150 |
| 5 | 126–150% | $35 | ≤ $56,475 | $150 |
| 5 | 151–175% | $45 | ≤ $65,887 | $150 |
| 5 | 176–200% | $55 | ≤ $75,300 | $150 |
| 5 | 276–300% | $65 | ≤ $112,950 | $150 |
| 5 | 376–400% | $75 | ≤ $150,600 | $150 |
| 5 | 476–500% | $85 | ≤ $188,250 | $150 |
| 5 | 576–600% | $95 | ≤ $225,900 | $150 |
| 5 | 676–700% | $105 | ≤ $263,550 | $150 |
| 6 | 0–100% | $5 | ≤ $43,150 | $150 |
| 6 | 101–125% | $25 | ≤ $53,937 | $150 |
| 6 | 126–150% | $35 | ≤ $64,725 | $150 |
| 6 | 151–175% | $45 | ≤ $75,512 | $150 |
| 6 | 176–200% | $55 | ≤ $86,300 | $150 |
| 6 | 276–300% | $65 | ≤ $129,450 | $150 |
| 6 | 376–400% | $75 | ≤ $172,600 | $150 |
| 6 | 476–500% | $85 | ≤ $215,750 | $150 |
| 6 | 576–600% | $95 | ≤ $258,900 | $150 |
| 6 | 676–700% | $105 | ≤ $302,050 | $150 |
| 7 | 0–100% | $5 | ≤ $48,650 | $150 |
| 7 | 101–125% | $25 | ≤ $60,812 | $150 |
| 7 | 126–150% | $35 | ≤ $72,975 | $150 |
| 7 | 151–175% | $45 | ≤ $85,137 | $150 |
| 7 | 176–200% | $55 | ≤ $97,300 | $150 |
| 7 | 276–300% | $65 | ≤ $145,950 | $150 |
| 7 | 376–400% | $75 | ≤ $194,600 | $150 |
| 7 | 476–500% | $85 | ≤ $243,250 | $150 |
| 7 | 576–600% | $95 | ≤ $291,900 | $150 |
| 7 | 676–700% | $105 | ≤ $340,550 | $150 |
| 8 | 0–100% | $5 | ≤ $54,150 | $150 |
| 8 | 101–125% | $25 | ≤ $67,687 | $150 |
| 8 | 126–150% | $35 | ≤ $81,225 | $150 |
| 8 | 151–175% | $45 | ≤ $94,762 | $150 |
| 8 | 176–200% | $55 | ≤ $108,300 | $150 |
| 8 | 276–300% | $65 | ≤ $162,450 | $150 |
| 8 | 376–400% | $75 | ≤ $216,600 | $150 |
| 8 | 476–500% | $85 | ≤ $270,750 | $150 |
| 8 | 576–600% | $95 | ≤ $324,900 | $150 |
| 8 | 676–700% | $105 | ≤ $379,050 | $150 |

Notes:  
- Patients with incomes at or below 100% of the Federal Poverty Guidelines will be charged a nominal fee.  
- The nominal fee is not a minimum payment requirement and will not prevent access to care.  
- This schedule applies to all primary care services provided by Wiregrass Direct Primary Care PLLC.  
- Patients may apply for the discount by completing the Sliding Fee Discount Program Application and providing income and family size documentation.