



Patient Name: _____

Charge No or Acct No: _____

NHSC Sliding Scale 2025

Poverty Guidelines 2025			
Family Size	100%	101-150%	151-200%
1	15,650	23,475	31,300
2	21,150	31,725	42,300
3	26,650	39,975	53,300
4	32,150	48,225	64,300
5	37,650	56,475	75,300
6	43,150	64,725	86,300
7	48,650	72,975	97,300
8	54,150	81,225	108,300

**** For each additional family member above 8, add \$5,500 to FPG percentage.**

	Less than 100% FPL	101- 150% FPL	151 - 200% FPL	
Discount:	100%	100% after copay met	100% after copay met	
Patient Responsibility:		Co-pay	Co-pay	
	Co-pay = 0.00	Co-pay Tier I	Co-pay Tier II	
	Out of pocket = 0.00	Office Visit \$25.00 per visit	Office Visit \$35.00 per visit	
		Outpatient diagnostic services \$50 per visit, date of service	Outpatient diagnostic services \$75 per visit, date of service	