



SLIDING FEE DISCOUNT PROGRAM

Schedule of Discounts for Medical and Behavioral Health Services
Effective March 1, 2025

The Schedule of Discounts is based on the current Federal Poverty Guidelines and are specific to Family Size and Annual Household Income.

There is a \$20.00 nominal fee due at the time of visit for all medical and behavioral health patients who qualify for the Sliding Fee Discount Program.

Patients are responsible for the balance of their account after applicable discounts are applied.

ANNUAL

Income Level	<100%	101-150%	151-175%	176-200%	200%>
% Owed	0	25%	50%	75%	100%
MAXIMUM ANNUAL INCOME					
Family Size	B	C	D	E	F
1	\$ 15,650	\$ 15,651 - \$ 23,475	\$ 23,476 - \$ 27,388	\$ 27,389 - \$ 31,300	\$ 31,301 +
2	\$ 21,150	\$ 21,151 - \$ 31,725	\$ 31,726 - \$ 37,013	\$ 37,014 - \$ 42,300	\$ 42,301 +
3	\$ 26,650	\$ 26,651 - \$ 39,975	\$ 39,976 - \$ 46,638	\$ 46,639 - \$ 53,300	\$ 53,301 +
4	\$ 32,150	\$ 32,151 - \$ 48,225	\$ 48,226 - \$ 56,263	\$ 56,264 - \$ 64,300	\$ 64,301 +
5	\$ 37,650	\$ 37,651 - \$ 56,475	\$ 56,476 - \$ 65,888	\$ 65,889 - \$ 75,300	\$ 75,301 +
6	\$ 43,150	\$ 43,151 - \$ 64,725	\$ 64,726 - \$ 75,513	\$ 75,514 - \$ 86,300	\$ 86,301 +
7	\$ 48,650	\$ 48,651 - \$ 72,975	\$ 72,976 - \$ 85,138	\$ 85,139 - \$ 97,300	\$ 97,301 +
8	\$ 54,150	\$ 54,151 - \$ 81,225	\$ 81,226 - \$ 94,763	\$ 94,764 - \$ 108,300	\$ 108,301 +

Add \$5,500.00 for each additional person in family

Approved by KPCHC Board Feb 14, 2025

Patient's Name _____ DOB _____

The slide scale you are on is _____. The expiration date of your sliding scale is _____.