



**SLIDING FEE DISCOUNT PROGRAM**  
 Schedule of Discounts for Family Planning Services  
 Effective March 1, 2026

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

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

**ANNUAL**

Income Level	<100%	101-150%	151-200%	201-250%	>250%
% Owed	0	25%	50%	75%	100%
MAXIMUM ANNUAL INCOME					
Family Size	B	C	D	E	F
1	\$ 15,960	\$ 15,961 - \$ 23,940	\$ 23,941 - \$ 31,920	\$ 31,921 - \$ 39,900	\$ 39,901 +
2	\$ 21,640	\$ 21,641 - \$ 32,460	\$ 32,461 - \$ 43,280	\$ 43,281 - \$ 54,100	\$ 54,101 +
3	\$ 27,320	\$ 27,321 - \$ 40,980	\$ 40,981 - \$ 54,640	\$ 54,641 - \$ 68,300	\$ 68,301 +
4	\$ 33,000	\$ 33,001 - \$ 49,500	\$ 49,501 - \$ 66,000	\$ 66,001 - \$ 82,500	\$ 82,501 +
5	\$ 38,680	\$ 38,681 - \$ 58,020	\$ 58,021 - \$ 77,360	\$ 77,361 - \$ 96,700	\$ 96,701 +
6	\$ 44,360	\$ 44,361 - \$ 66,540	\$ 66,541 - \$ 88,720	\$ 88,721 - \$ 110,900	\$ 110,901 +
7	\$ 50,040	\$ 50,041 - \$ 75,060	\$ 75,061 - \$ 100,080	\$ 100,081 - \$ 125,100	\$ 125,101 +
8	\$ 55,720	\$ 55,721 - \$ 83,580	\$ 83,581 - \$ 111,440	\$ 111,441 - \$ 139,300	\$ 139,301 +

Add \$5,680.00 for each additional person in family

Approved by KPCHC Board Feb 13, 2026

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

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