



Title X Sliding Fee Discount Schedule
Based on 2021 Federal Poverty Guidelines*

Poverty Level	Annual Income				
	At or Below 100%	101-150%	151-200%	201-250%	251% and higher
Family Size	Group 1	Group 2	Group 3	Group 4	Group 5
Discount on full fee	100%	75%	50%	25%	0%
1	\$0 - \$12,880	\$12,881 - \$19,320	\$19,321 - \$25,760	\$25,761 - \$32,200	\$32,201 - And Higher
2	\$0 - \$17,420	\$17,421 - \$26,130	\$26,131 - \$34,840	\$34,841 - \$43,550	\$43,551 - And Higher
3	\$0 - \$21,960	\$21,961 - \$32,940	\$32,941 - \$43,920	\$43,921 - \$54,900	\$54,901 - And Higher
4	\$0 - \$26,500	\$26,501 - \$39,750	\$39,751 - \$53,000	\$53,001 - \$66,250	\$66,251 - And Higher
5	\$0 - \$31,040	\$31,041 - \$46,560	\$46,561 - \$62,080	\$62,081 - \$77,600	\$77,601 - And Higher
6	\$0 - \$35,580	\$35,581 - \$53,370	\$53,371 - \$71,160	\$71,161 - \$88,950	\$88,951 - And Higher
7	\$0 - \$40,120	\$40,121 - \$60,180	\$60,181 - \$80,240	\$80,241 - \$100,300	\$100,301 - And Higher
8	\$0 - \$44,660	\$44,661 - \$66,990	\$66,991 - \$89,320	\$89,321 - \$111,650	\$111,651 - And Higher
For Family units with more than 8 persons, add \$4,540 for each additional member					
Procedure	Patient Pays	Patient Pays	Patient Pays	Patient Pays	Patient Pays
	0	25% of full fee	50% of full fee	75% of full fee	100% of full fee
Established Patient Level 1	0	\$ 13.75	\$ 27.50	\$ 41.25	\$ 55.00
Established Patient Level 2	0	\$ 20.00	\$ 40.00	\$ 60.00	\$ 80.00
Established Patient Level 3	0	\$ 32.50	\$ 65.00	\$ 97.50	\$ 130.00
Established Patient Level 4	0	\$ 47.50	\$ 95.00	\$ 142.50	\$ 190.00
Established Patient Level 5	0	\$ 71.25	\$ 142.50	\$ 213.75	\$ 285.00
Established Pt Preventive Care Visit Age 12-17	0	\$ 51.25	\$ 102.50	\$ 153.75	\$ 205.00
Established Pt Preventive Care Visit Age 18-39	0	\$ 51.25	\$ 102.50	\$ 153.75	\$ 205.00
Established Pt Preventive Care Visit Age 40-64	0	\$ 55.00	\$ 110.00	\$ 165.00	\$ 220.00
Established Preventive Care Visit Age 65+	0	\$ 60.00	\$ 120.00	\$ 180.00	\$ 240.00
New Patient Level 2	0	\$ 33.75	\$ 67.50	\$ 101.25	\$ 135.00
New Patient Level 3	0	\$ 47.50	\$ 95.00	\$ 142.50	\$ 190.00
New Patient Level 4	0	\$ 71.25	\$ 142.50	\$ 213.75	\$ 285.00
New Patient Level 5	0	\$ 87.50	\$ 175.00	\$ 262.50	\$ 350.00
New Pt Preventive Care Visit Age 12-17	0	\$ 71.25	\$ 142.50	\$ 213.75	\$ 285.00
New Pt Preventive Care Visit Age 18-39	0	\$ 71.25	\$ 142.50	\$ 213.75	\$ 285.00
New Pt Preventive Care Visit Age 40-64	0	\$ 71.25	\$ 142.50	\$ 213.75	\$ 285.00
New Pt Preventive Care Visit Age 64+	0	\$ 71.25	\$ 142.50	\$ 213.75	\$ 285.00
Cost of IUD-Paragard	0	\$ 61.50	\$ 123.00	\$ 184.50	\$ 246.00
Cost of IUD-Mirena	0	\$ 86.75	\$ 173.50	\$ 260.25	\$ 347.00
IUD Insertion	0	\$ 51.25	\$ 102.50	\$ 153.75	\$ 205.00
IUD Removal	0	\$ 28.75	\$ 57.50	\$ 86.25	\$ 115.00
Pregnancy Testing	0	\$ 3.75	\$ 7.50	\$ 11.25	\$ 15.00

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