GPW Health Center

Dedicated to Your Health!

Sliding Fee Discount Schedule

	Slide 1	Slide 2	Slide 3	Slide 4	Full Fee - No Discount
% of Federal Poverty Income Guidelines	**0 - 100% FPL**	**100.01 - 133% FPL**	**133.01 - 150% FPL**	**150.01 - 200% FPL**	**Over 200% FPL**
Family Size	Maximum Annual Income	Maximum Annual Income	Maximum Annual Income	Maximum Annual Income	Annual Income
1	$ 15,650.00	$ 20,815.00	$ 23,475.00	$ 31,300.00	$ 31,301.00
2	$ 21,150.00	$ 28,130.00	$ 31,725.00	$ 42,300.00	$ 42,301.00
3	$ 26,650.00	$ 35,445.00	$ 39,975.00	$ 53,300.00	$ 53,301.00
4	$ 32,150.00	$ 42,760.00	$ 48,225.00	$ 64,300.00	$ 64,301.00
5	$ 37,650.00	$ 50,075.00	$ 56,475.00	$ 75,300.00	$ 75,301.00
6	$ 43,150.00	$ 57,390.00	$ 64,725.00	$ 86,300.00	$ 86,301.00
7	$ 48,650.00	$ 64,705.00	$ 72,975.00	$ 97,300.00	$ 97,301.00
8	$ 54,150.00	$ 72,020.00	$ 81,225.00	$ 108,300.00	$ 108,301.00
each additional family member	$ 5,500.00	$ 7,315.00	$ 8,250.00	$ 11,000.00	$ 11,000.00

Slide	Federal Poverty Level (FPL)	Medical, Pediatric, or OBGYN Discounted Fee	Dental Discounted Fee for Comprehensive Oral Exam	Behavioral Health Discounted Fee
Slide 1	0 - 100% FPL	$ 45.00	$ 75.00	$ 50.00
Slide 2	100.01 - 133% FPL	$ 50.00	$ 86.00	$ 80.00
Slide 3	133.01 - 150% FPL	$ 60.00	$ 106.00	$ 95.00
Slide 4	150.01 - 200% FPL	$ 65.00	$ 126.00	$ 110.00
Full Fee - No Discount	Over 200% FPL	Patient Pays in Full	Patient Pays in Full	Patient Pays in Full

Any additional services needed as part of an office visit are provided on a Discount Fee Schedule	
Full Fee - No Discount	Office Visit $150 initial payment due at time of visit and remainder will be billed based on financial policies and procedures.

Discount Schedule based on 2025 Federal Poverty Guidelines (Federal Register, Vol. 90, No.11. January 17, 2025) https://www.federalregister.gov/documents/2025/01/17/2025-01377/annual-update-of-the-hhs-poverty-guidelines

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