

Sliding Fee Discount Program

The Health Care District welcomes all patients. As a Federally Qualified Health Center (FQHC), our Community Health Centers offer financial help through a **Sliding Fee Scale (SFS) Discount Program**.

This program ensures patients can get care at a cost they can afford. The Sliding Fee Discount is available to all patients, whether you have insurance or not, if you qualify based on your family size and household income.

Affordable Care for Everyone

We know everyone's financial situation is different. That's why we offer a Sliding Fee Discount Program. It's based on your family size and income. The sliding fee applies to each service we offer, including:

- Primary Care (adults and children)
- Women's Health
- Dental
- Mental Health
- Pharmacy Prescription Medications

Routine lab tests ordered by our providers are also included in the Sliding Fee Scale.

What You Need to Know About Payments

Health Care District Community Health Center services: You will never be turned away because you cannot pay. We ask that you pay what you can, even if it is not the full amount. You do not have to pay all at once. Any payment, big or small, helps us continue offering care to you and the community. We can also set up a payment plan that works for you.

Pharmacy services: If you get your medicine from our pharmacy, payment is due when you pick it up. Our pharmacy team can help answer questions about your medicine and its cost.

The Sliding Fee Scale Application Process

The application is available in English, Spanish, and Creole at check-in at our health centers and on our website. All information on the application is confidential. Financial Counselors are available to help you fill it out. Ask at check-in if you'd like to apply.

How it Works

Application: To see if you qualify for the discount, you must fill out the application. You must provide information about your family income and size within 14 consecutive days of your first appointment. If you are renewing, you must reapply within 14 days after your current discount ends.

Family Size Considered: Your family size and income are used to see if you qualify. You must show proof of income for each family member with income.

Who counts as family?

A family is a group of people living together in the same household and sharing income and expenses. This can include:

- The main householder and relatives by birth, marriage, or legal adoption
- Unrelated people living together as one unit (like domestic partners or unmarried couples)
- An unborn child, if there is medical proof of pregnancy and the pregnant person lives in the household

Income-Based: The fee scale is based on the Federal Poverty Guidelines (FPG). Patients under 100% of FPG pay the lowest fees, and patients up to 200% of FPG get a discount. Please see page 2 for the 2026 Sliding Fee Scale.

Income Proof: You must show income for each working family member in your application. Accepted proof includes (but is not limited to):

- Pay stubs (last 4 weeks)
- Bank statements, checking and/or savings, showing deposits or money transfers
- Unemployment benefits statement
- Child support or alimony judgment
- Pension or retirement income statements
- Disability or workers' compensation statement
- Employer letter confirming income
- Last year's tax return, W-2, or 1099 forms (total income line)
- Social Security or SSI benefits letter
- Public assistance award letters
- Prior year tax return with Schedule C
- Profit and loss statement
- Self-employed pay stub

How to Submit Your Application

Bring your completed application and proof of income to any Health Care District Community Health Center. The registration staff at the front desk will help you.

Eligibility Determination

The sliding fee scale discount lasts for one year if you qualify. **If you are approved**, you will be told verbally. You must reapply each year or sooner if your income or family size changes.

If you do not qualify and are denied, you can still receive care by paying the full fee. We understand paying all at once may be hard, so we offer payment plans. You will not be denied care if you cannot pay in full at the time of your visit. You may also reapply if your income or family size changes.

If you have any questions, please ask at the registration desk at your Community Health Center. We are here to help you.



- 1 Pick your family size.
- 2 Identify your level in the columns based on total income.
- 3 Match your level to the service cost below.

Health Care District Community Health Centers SLIDING FEE SCALE 2026

1	2 Dollars Per Year - Annual Income				
Poverty Level	Below: <100%	>100% to 150%	>150% to 175%	>175% to 200%	Over: >200%
Family Size	A	B	C	D	E
1	\$15,960.00	\$15,960.00 - \$23,940.00	\$23,940.00 - \$27,930.00	\$27,930.00 - \$31,920.00	\$31,920.00
2	\$21,640.00	\$21,640.00 - \$32,460.00	\$32,460.00 - \$37,870.00	\$37,870.00 - \$43,280.00	\$43,280.00
3	\$27,320.00	\$27,320.00 - \$40,980.00	\$40,980.00 - \$47,810.00	\$47,810.00 - \$54,640.00	\$54,640.00
4	\$33,000.00	\$33,000.00 - \$49,500.00	\$49,500.00 - \$57,750.00	\$57,750.00 - \$66,000.00	\$66,000.00
5	\$38,680.00	\$38,680.00 - \$58,020.00	\$58,020.00 - \$67,690.00	\$67,690.00 - \$77,360.00	\$77,360.00
6	\$44,360.00	\$44,360.00 - \$66,540.00	\$66,540.00 - \$77,630.00	\$77,630.00 - \$88,720.00	\$88,720.00
7	\$50,040.00	\$50,040.00 - \$75,060.00	\$75,060.00 - \$87,570.00	\$87,570.00 - \$100,080.00	\$100,080.00
8	\$55,720.00	\$55,720.00 - \$83,580.00	\$83,580.00 - \$97,510.00	\$97,510.00 - \$111,440.00	\$111,440.00

For family units with more than 8 members, add \$5,680 for each additional member. Example: Family of 9 = \$55,720 + \$5,680 = \$61,400

Cost Per Service	3 Follow your color from above to know your service cost				
<ul style="list-style-type: none"> • Primary Care: Adult & Pediatric • Mental Health • Women's Health • Dental 	\$30.00	\$50.00	\$70.00	\$90.00	Full Price
Pharmacy					
Medications Fee is charged for each medication, and includes the dispensing fee.	\$5.00	\$7.00	\$9.00	\$11.00	Drug Cost + Dispensing Fee

Based on the 2026 Federal Poverty Level Guidelines

All service fees apply separately to each individual service. If you have multiple services on the same day, each service will have its own fee. Lab Services are covered by the Sliding Fee Scale Fee. The Sliding Fee Scale is updated each calendar year.