

**Team Wellness Center Sliding Fee Scale  
(Per 2025 Federal Poverty Guideline) eff. 1-31-2025**

Note: Demonstrating ability/inability to pay is the responsibility of the person receiving services

Patient pays Percent of Bill Or Co Pay Amount Poverty Level # of Persons in Household	Category 1		Category 2		Category 3		Category 4		Category 5		Category 6	
	0 Or Flat Rate \$5.00 Up to 100%		0.1 Or Flat Rate \$10.00 Up to 125%		0.25 Or Flat Rate \$20.00 Up to 151%		0.5 Or Flat Rate \$40.00 Up to 176%		0.85 Or Flat Rate \$60.00 Up to 250%		Flat Rate \$75.00 Up to 300%	
	Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income		Maximum Yearly Household Income	
1	\$0.00	- \$15,650.00	\$15,651.00	- \$19,562.50	\$19,563.50	- \$23,631.50	\$23,632.50	- \$27,544.00	\$27,545.00	- \$39,125.00	\$39,126.00	-
2	\$0.00	- \$21,150.00	\$21,151.00	- \$26,437.50	\$26,438.50	- \$31,936.50	\$31,937.50	- \$37,224.00	\$37,225.00	- \$52,875.00	\$52,876.00	-
3	\$0.00	- \$26,650.00	\$26,651.00	- \$33,312.50	\$33,313.50	- \$40,241.50	\$40,242.50	- \$46,904.00	\$46,905.00	- \$66,625.00	\$66,626.00	-
4	\$0.00	- \$32,150.00	\$32,151.00	- \$40,187.50	\$40,188.50	- \$48,546.50	\$48,547.50	- \$56,584.00	\$56,585.00	- \$80,375.00	\$80,376.00	-
5	\$0.00	- \$37,650.00	\$37,651.00	- \$47,062.50	\$47,063.50	- \$56,851.50	\$56,852.50	- \$66,264.00	\$66,265.00	- \$94,125.00	\$94,126.00	-
6	\$0.00	- \$43,150.00	\$43,151.00	- \$53,937.50	\$53,938.50	- \$65,156.50	\$65,157.50	- \$75,944.00	\$75,945.00	- \$107,875.00	\$107,876.00	-
7	\$0.00	- \$48,650.00	\$48,651.00	- \$60,812.50	\$60,813.50	- \$73,461.50	\$73,462.50	- \$85,624.00	\$85,625.00	- \$121,625.00	\$121,626.00	-
8	\$0.00	- \$54,150.00	\$54,151.00	- \$67,687.50	\$67,688.50	- \$81,766.50	\$81,767.50	- \$95,304.00	\$95,305.00	- \$135,375.00	\$135,376.00	-
9	\$0.00	- \$59,650.00	\$59,651.00	- \$74,562.50	\$74,563.50	- \$90,071.50	\$90,072.50	- \$104,984.00	\$104,985.00	- \$149,125.00	\$149,126.00	-
10	\$0.00	- \$65,150.00	\$65,151.00	- \$81,437.50	\$81,438.50	- \$98,376.50	\$98,377.50	- \$114,664.00	\$114,665.00	- \$162,875.00	\$162,876.00	-
11	\$0.00	- \$70,650.00	\$70,651.00	- \$88,312.50	\$88,313.50	- \$106,681.50	\$106,682.50	- \$124,344.00	\$124,345.00	- \$176,625.00	\$176,626.00	-
12	\$0.00	- \$76,150.00	\$76,151.00	- \$95,187.50	\$95,188.50	- \$114,986.50	\$114,987.50	- \$134,024.00	\$134,025.00	- \$190,375.00	\$190,376.00	-
13	\$0.00	- \$81,650.00	\$81,651.00	- \$102,062.50	\$102,063.50	- \$123,291.50	\$123,292.50	- \$143,704.00	\$143,705.00	- \$204,125.00	\$204,126.00	-
14	\$0.00	- \$87,150.00	\$87,151.00	- \$108,937.50	\$108,938.50	- \$131,596.50	\$131,597.50	- \$153,384.00	\$153,385.00	- \$217,875.00	\$217,876.00	-
For Each Additional Member add:		- \$5,500.00		\$6,875.00		\$8,305.00		\$9,680.00		\$13,750.00		

\*This Certified Community Behavioral Health Center offers Medical Care Discounts.

**\*NO ONE WILL BE DENIED ACCESS TO SERVICES DUE TO INABILITY TO PAY; AND THERE IS A DISCOUNTED/SLIDING FEE SCHEDULE BASED ON FAMILY SIZE AND INCOME**

\*Out of pocket fees for income-eligible sliding fee patients at or below 250% FPG will be the lesser of the insurance copayment or the sliding fee charge, unless precluded by patient insurance carrier and contract.

\*Same scale applies to labs (non dental), medication and supplies.

**Qualifications:**

- 1) Family size and income range fall in Category 1-6.
- 2) Application Approved

**DENTAL:**

**Exclusion - Category 1**

*The following will be billed at 75% of actual Dental cost:*

- Dentures & Removeable Partial Dentures (exception: interim, immediate, and cosmetic prostheses will be billed at actual dental cost)
- Crowns & Bridges (exception: cosmetic prostheses will be billed at actual dental cost)
- Dental lab fees (for any services covered under sliding fee)

**Exclusion - Category 2-6**

*The following will be billed at actual Dental cost:*

- Dentures & Removeable Partial Dentures
- Crowns & Bridges
- Dental lab fees (for any services covered under sliding fee)

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>



Category 6

1  
Or  
Full Fee  
1% and Greater

by Household Income

- \$39,281.50
- \$53,086.50
- \$66,891.50
- \$80,696.50
- \$94,501.50
- \$108,306.50
- \$122,111.50
- \$135,916.50
- \$149,721.50
- \$163,526.50
- \$177,331.50
- \$191,136.50
- \$204,941.50
- \$218,746.50
  
- \$13,805.00