

### 2025 Sliding Fee Scale

**Family Size >     1                    2                    3                    4                    5                    6                    7                    8**

2025 Poverty Rate >	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720	Percent of Cost Paid By Client v
Income Up to 100% Poverty Rate									
100%	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720	0%
(monthly)	\$1,255	\$1,703	\$2,152	\$2,600	\$3,046	\$3,497	\$3,945	\$4,393	
From	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720	25%
(monthly)	\$1,255	\$1,703	\$2,152	\$2,600	\$3,046	\$3,497	\$3,945	\$4,393	
to									
175%	\$26,355	\$35,770	\$45,185	\$54,600	\$64,015	\$73,430	\$82,845	\$92,260	
(monthly)	\$1,982	\$2,670	\$3,765	\$4,550	\$5,335	\$6,119	\$6,904	\$7,688	
From	\$26,355	\$35,770	\$45,185	\$54,600	\$64,015	\$73,430	\$82,845	\$92,260	50%
(monthly)	\$1,982	\$2,670	\$3,765	\$4,550	\$5,335	\$6,119	\$6,904	\$7,688	
to									
225%	\$32,285	\$43,818	\$55,352	\$66,885	\$78,418	\$89,952	\$101,485	\$113,019	
	\$2,690	\$3,652	\$4,613	\$5,574	\$6,535	\$7,496	\$8,457	\$9,418	
From	\$32,285	\$43,818	\$55,352	\$66,885	\$78,418	\$89,952	\$101,485	\$113,019	75%
(monthly)	\$2,690	\$3,652	\$4,613	\$5,574	\$6,535	\$7,496	\$8,457	\$9,418	
to									
275%	\$41,163	\$55,868	\$70,574	\$85,278	\$99,983	\$114,689	\$129,393	\$163,497	
	\$3,430	\$4,656	\$5,881	\$7,107	\$8,332	\$9,557	\$10,783	\$13,625	
From	\$41,163	\$55,868	\$70,574	\$85,278	\$99,983	\$114,689	\$129,393	\$163,497	100%
(monthly)	\$3,430	\$4,656	\$5,881	\$7,107	\$8,332	\$9,557	\$10,783	\$13,625	
And above									

For families with households over 8 add \$5,380 for each additional person

Update annually when federal poverty guidelines are issued.

Last update: 1/2025

## Sliding Fee Scale Application

<b>Client Information</b>		<b>Today's Date:</b> /     /	
First Name:	Middle:	Last:	Other Names:
Home Address:	City	State:	Zip:
Mailing Address:	City:	State:	Zip
Home Phone # (     )     -	Cell Phone # (     )     -		
Date of Birth: /     /	Social Security #:	Do you have insurance? (circle one) Yes or No	
<b>Marital Status:</b> Single     In a relationship     Married     Divorced     Separated     Widowed			

Household Size		
Name	Date of Birth	Social Security Number
	/     /	-     -
	/     /	-     -
	/     /	-     -
	/     /	-     -
	/     /	-     -

**NOTE:** To comply with federal regulations, in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year. Please bring yearly income tax return, last month's paycheck stubs, copies of your social security checks, or other checks you may receive as proof of family income as well as proof of application to MA/County. Only the family size and annual income will be used to determine your eligibility and calculate your discount.

Household Income					
Name	Amount	Frequency (Circle One)	Employer:		
You	\$	Weekly Monthly Yearly			
Spouse	\$	Weekly Monthly Yearly			
Children	\$	Weekly Monthly Yearly			
Other	\$	Weekly Monthly Yearly			
Total	\$	Weekly Monthly Yearly			
Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				Total	\$

**Sliding Fee Scale:**  
 A-100% Discount  
 B-75% Discount  
 C-50% Discount  
 D-25% Discount  
 E-0% Discount