Mountain Family
HEALTH CENTERS

SLIDING FEE DISCOUNT SCHEDULE
Based on 2026 Federal Poverty Guidelines
Effective 04/01/2026 - 03/31/2027

									State and Privately Funded Discount			
Family Size	0-100%		101-133%		134-159%		160-200%		201-250%		251-400%	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1	$0	$15,960	$15,961	$21,227	$21,228	$25,376	$25,377	$31,920	$31,921	$39,900	$39,901	$63,840
2	$0	$21,640	$21,641	$28,781	$28,782	$34,408	$34,409	$43,280	$43,281	$54,100	$54,101	$86,560
3	$0	$27,320	$27,321	$36,336	$36,337	$43,439	$43,440	$54,640	$54,641	$68,300	$68,301	$109,280
4	$0	$33,000	$33,001	$43,890	$43,891	$52,470	$52,471	$66,000	$66,001	$82,500	$82,501	$132,000
5	$0	$38,680	$38,681	$51,444	$51,445	$61,501	$61,502	$77,360	$77,361	$96,700	$96,701	$154,720
6	$0	$44,360	$44,361	$58,999	$59,000	$70,532	$70,533	$88,720	$88,721	$110,900	$110,901	$177,440
7	$0	$50,040	$50,041	$66,553	$66,554	$79,564	$79,565	$100,080	$100,081	$125,100	$125,101	$200,160
8	$0	$55,720	$55,721	$74,108	$74,109	$88,595	$88,596	$111,440	$111,441	$139,300	$139,301	$222,880
9	$0	$61,400	$61,401	$81,662	$81,663	$97,626	$97,627	$122,800	$122,801	$153,500	$153,501	$245,600
10	$0	$67,080	$67,081	$89,216	$89,217	$106,657	$106,658	$134,160	$134,161	$167,700	$167,701	$268,320
11	$0	$72,760	$72,761	$96,771	$96,772	$115,688	$115,689	$145,520	$145,521	$181,900	$181,901	$291,040
12	$0	$78,440	$78,441	$104,325	$104,326	$124,720	$124,721	$156,880	$156,881	$196,100	$196,101	$313,760

For households with more than 12 persons, add $5,680 for each additional person.

Medical	1	2	3	4	5	6
Nurse Visit Nominal Fee	$0	$2	$3	$4	$5	$6
Medical Visit Nominal Fee	$30	$40	$50	$60	$75	$90
Medical Lab Nominal Fee	$25	$35	$40	$50	$65	$75
Medical Vaccine Nominal Fee	$25	$35	$40	$50	$65	$75
Medical PAD Nominal Fee	$25	$35	$40	$50	$65	$75

Dental	1	2	3	4	5	6
Level 1 Telehealth & Preventive	$30	$45	$60	$70	$95	$115
Level 2 Restorative & Surgical	$60	60%	70%	80%	90%	95%
Level 3 Endodontics	$120	60%	70%	80%	90%	95%
Level 4 Fixed Prosthodontics***	$180	60%	70%	80%	90%	95%
Level 5a Removeable Prosthodontics (6-8 visits)***	$210	60%	70%	80%	90%	95%
Level 5b Removeable Prosthodontics (2-5 visits)***	$60	60%	70%	80%	90%	95%

Behavioral Health	1	2	3	4	5	6
BH Individual Counseling Fee	$20	$25	$35	$45	$55	$65

Family Planning Clinics (Title X)	1	2	3	4	5	6
Office Visit Copay	$0	$40	$50	$60	$75	$90
Lab Copay	$0	$35	$40	$50	$65	$75

Prenatal Bundle	$1,100	$1,320	$1,540	$1,760	$1,980	$2,090

RX Dispensing Fee*	$2	$3	$4	$5	$6	$7

Radiology (Plain View)**	$150	$160	$170	$180	$190	$200

No one will be denied service due to inability to pay.
For Sliding Fee Scales (SFS) the patient fee is the SMALLER of the actual charge or the established Nominal Fee for the family size and income.
Rx Dispensing only available to those without primary insurance
** Radiology (Plain View) contracted through 3rd party vendor Compass Peak Imaging**
***Dental lab costs will be in addition to fees listed above