

**MONROE COUNTY HEALTH CENTER
2025 MEDICAL/BEHAVIORAL HEALTH SLIDING FEE SCALE**

Gross Annual Income

PATIENT TYPE	A	B	C	D	E
POVERTY LEVEL	<100%	101 – 150%	151-175%	176-200%	Private Pay
FAMILY SIZE 1	15,650	15,651-23,475	23,476-27,388	27,389-31,300	31,301+
2	21,150	21,151-31,725	31,726-37,013	37,014-42,300	42,301+
3	26,650	26,651-39,975	39,976-46,638	46,639-53,300	53,301+
4	32,150	32,151-48,225	48,226-56,263	56,264-64,300	64,301+
5	37,650	37,651-56,475	56,476-65,888	65,889-75,300	75,301+
6	43,150	43,151-64,725	64,726-75,513	75,514-86,300	86,301+
7	48,650	48,651-72,975	72,976-85,138	85,139-97,300	97,301+
8	54,150	54,151-81,225	81,226-94,763	94,764-108,300	108,301+
Payment	\$5.00	\$20.00	\$30.00	\$40.00	Full

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER, ADD: \$5,500

A: Patient receives full discount, a nominal charge of \$5.00 will be collected.

B: Patient’s copayment will be \$20.00 per visit

C: Patient’s copayment will be \$30.00 per visit

D: Patient’s copayment will be \$40.00 per visit

E: PRIVATE PAY-NOT ELIGIBLE FOR DISCOUNT (Above 200% of Poverty)

Sliding fee patients who are given an order by a MHC provider for a lab/x-ray test prior to or immediately following an office visit will not be charged for that test since it is considered incidental to the office visit. However, any sliding fee patient coming in for other lab tests, x-rays or injections will be charged.

Medicare/PVT Insurance: After MC/Insurance responds, apply fee schedule to those who qualify.

Patients without Insurance: Patients with no insurance may speak to an enrollment specialist or be referred to appropriate agencies to obtain assistance.

FEDERAL POVERTY INCOME GUIDELINES

Effective 7/1/25