

**MONROE COUNTY HEALTH CENTER
2026 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	15,960	15,961-23,940	23,941-27,930	27,931-31,920	31,921+
2	21,640	21,641-32,460	32,461-37,870	37,871-43,280	43,281+
3	27,320	27,321-40,980	40,981-47,810	47,811-54,640	54,641+
4	33,000	33,001-49,500	49,501-57,750	57,751-66,000	66,001+
5	38,680	38,681-58,020	58,021-67,690	67,691-77,360	77,361+
6	44,360	44,361-66,540	66,541-77,630	77,631-88,720	88,721+
7	50,040	50,041-75,060	75,061-87,570	87,571-100,080	100,081+
8	55,720	55,721-83,580	83,581-97,510	97,511-111,440	111,441+
Payment	\$5.00	\$15.00	\$25.00	\$35.00	Full

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER, ADD: \$5,680

- A: Patient receives full discount, a nominal charge of \$5.00 will be collected.
- B: Patient’s copayment will be \$15.00 per visit
- C: Patient’s copayment will be \$25.00 per visit
- D: Patient’s copayment will be \$35.00 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 1/28/26