



## SRCH Sliding Scale Based on 2024 Federal Income Guideline to 250% of Poverty For Title X program only

For visits not covered by any special program or insurance we offer a discount according to the following federal guidelines: Payment is required on the date of service. If charges are NOT paid on the date of service, a bill will be sent to the patient.

	Sliding Scale A		Sliding Scale B		Sliding Scale C		Sliding Scale D		Title X		Title X
Family Size	From	To	From	To	From	To	From	To	From	To	Greater than 250% of FPL
1	\$0	\$1,255	\$1,256	\$1,669	\$1,670	\$2,083	\$2,084	\$2,510	\$2,511	\$3,138	\$3,139
2	\$0	\$1,703	\$1,704	\$2,265	\$2,266	\$2,827	\$2,828	\$3,406	\$3,407	\$4,258	\$4,259
3	\$0	\$2,151	\$2,152	\$2,861	\$2,862	\$3,571	\$3,572	\$4,302	\$4,303	\$5,378	\$5,379
4	\$0	\$2,600	\$2,601	\$3,458	\$3,459	\$4,316	\$4,317	\$5,200	\$5,201	\$6,500	\$6,501
5	\$0	\$3,043	\$3,044	\$4,047	\$4,048	\$5,051	\$5,052	\$6,086	\$6,087	\$7,608	\$7,609
6	\$0	\$3,496	\$3,497	\$4,650	\$4,651	\$5,803	\$5,804	\$6,992	\$6,993	\$8,740	\$8,741
7	\$0	\$3,945	\$3,946	\$5,247	\$5,248	\$6,549	\$6,550	\$7,890	\$7,891	\$9,863	\$9,864
8	\$0	\$4,393	\$4,394	\$5,843	\$5,844	\$7,292	\$7,293	\$8,786	\$8,787	\$10,983	\$10,984
9	\$0	\$4,841	\$4,842	\$6,439	\$6,440	\$8,036	\$8,037	\$9,682	\$9,683	\$12,103	\$12,104
10	\$0	\$5,290	\$5,291	\$7,036	\$7,037	\$8,781	\$8,782	\$10,580	\$10,581	\$13,225	\$13,226
<b>Medical Visit</b>	\$0		\$35		\$45		\$55		\$65		100% of Billed Charges
<b>Medical Visit Discounts*</b>	\$5		\$5		\$5		\$5		\$5		\$5

\* Medical Visit Discount for payment at the time of service



**SRCH Sliding Fee Discount Program — Sliding Fee Discount Schedule (SFDS)**  
 Based on 2024 Federal Poverty Level (FPL) Effective 04/01/2024

**Monthly Income Threshold**

	Sliding Scale A		Sliding Scale B		Sliding Scale C		Sliding Scale D		Sliding Scale F
	100%		100.1%-133%		133.1%-166%		166.1%-200%		201%
Family Size (Persons in family/household)	From	To	From	To	From	To	From	To	Greater than 200% of FPL
1	\$0	\$1,255	\$1,256	\$1,669	\$1,670	\$2,083	\$2,084	\$2,510	\$2,511
2	\$0	\$1,703	\$1,704	\$2,265	\$2,266	\$2,827	\$2,828	\$3,406	\$3,407
3	\$0	\$2,151	\$2,152	\$2,861	\$2,862	\$3,571	\$3,572	\$4,302	\$4,303
4	\$0	\$2,600	\$2,601	\$3,458	\$3,459	\$4,316	\$4,317	\$5,200	\$5,201
5	\$0	\$3,048	\$3,049	\$4,054	\$4,055	\$5,060	\$5,061	\$6,096	\$6,097
6	\$0	\$3,496	\$3,497	\$4,650	\$4,651	\$5,803	\$5,804	\$6,992	\$6,993
7	\$0	\$3,945	\$3,946	\$5,247	\$5,248	\$6,549	\$6,550	\$7,890	\$7,891
8	\$0	\$4,393	\$4,394	\$5,843	\$5,844	\$7,292	\$7,293	\$8,786	\$8,787
9	\$0	\$4,841	\$4,842	\$6,439	\$6,440	\$8,036	\$8,037	\$9,682	\$9,683
10	\$0	\$5,290	\$5,291	\$7,036	\$7,037	\$8,781	\$8,782	\$10,580	\$10,581
Medical Visit	\$25		\$35		\$45		\$55		100% of Billed Charges
Ryan White Medical Visit	\$0		\$35		\$45		\$55		100% of Billed Charges
Behavioral Health Visit	\$10		\$15		\$20		\$25		100% of Billed Charges
Dental	\$50 flat fee		50% Discount		40% Discount		30% Discount		100% of Billed Charges
Medical Visit Discounts*	\$5		\$5		\$5		\$5		\$5

**\*Medical Visit discount is available if paid at time of service**