



SRCH Sliding Fee Discount Program
 Sliding Fee Discount Schedule (SFDS)

Based on 2025 Federal Poverty Level (FPL) Effective 04/01/2025

Monthly Income Threshold

Family Size (Persons in family/household)	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%
	From	To	From	To	From	To	From	To	Greater than 200% of FPL
1	\$0	\$1,304	\$1,305	\$1,734	\$1,735	\$2,165	\$2,166	\$2,608	\$2,609
2	\$0	\$1,763	\$1,764	\$2,345	\$2,346	\$2,927	\$2,928	\$3,526	\$3,527
3	\$0	\$2,221	\$2,222	\$2,954	\$2,955	\$3,687	\$3,688	\$4,442	\$4,443
4	\$0	\$2,679	\$2,680	\$3,563	\$3,564	\$4,447	\$4,448	\$5,358	\$5,359
5	\$0	\$3,138	\$3,139	\$4,174	\$4,175	\$5,209	\$5,210	\$6,276	\$6,277
6	\$0	\$3,596	\$3,597	\$4,783	\$4,784	\$5,969	\$5,970	\$7,192	\$7,193
7	\$0	\$4,054	\$4,055	\$5,392	\$5,393	\$6,730	\$6,731	\$8,108	\$8,109
8	\$0	\$4,513	\$4,514	\$6,002	\$6,003	\$7,492	\$7,493	\$9,026	\$9,027
9	\$0	\$4,971	\$4,972	\$6,611	\$6,612	\$8,252	\$8,253	\$9,942	\$9,943
10	\$0	\$5,429	\$5,430	\$7,221	\$7,222	\$9,012	\$9,013	\$10,858	\$10,859
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



**SRCH Sliding Scale Based on
2025 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.

Family Size	Sliding Scale A		Sliding Scale B		Sliding Scale C		Sliding Scale D		Title X		Title X Greater than 250% of FPL
	From	To	From	To	From	To	From	To	From	To	
	100%		100.1%-133%		133.1%-166%		166.1%-200%		200.1%-250%		
1	\$0	\$1,304	\$1,305	\$1,734	\$1,735	\$2,165	\$2,166	\$2,608	\$2,609	\$3,260	\$3,261
2	\$0	\$1,763	\$1,764	\$2,345	\$2,346	\$2,927	\$2,928	\$3,526	\$3,527	\$4,408	\$4,409
3	\$0	\$2,221	\$2,222	\$2,954	\$2,955	\$3,687	\$3,688	\$4,442	\$4,443	\$5,553	\$5,554
4	\$0	\$2,679	\$2,680	\$3,563	\$3,564	\$4,447	\$4,448	\$5,358	\$5,359	\$6,698	\$6,699
5	\$0	\$3,138	\$3,139	\$4,174	\$4,175	\$5,209	\$5,210	\$6,276	\$6,277	\$7,845	\$7,846
6	\$0	\$3,596	\$3,597	\$4,783	\$4,784	\$5,969	\$5,970	\$7,192	\$7,193	\$8,990	\$8,991
7	\$0	\$4,054	\$4,055	\$5,392	\$5,393	\$6,730	\$6,731	\$8,108	\$8,109	\$10,135	\$10,136
8	\$0	\$4,513	\$4,514	\$6,002	\$6,003	\$7,492	\$7,493	\$9,026	\$9,027	\$11,283	\$11,284
9	\$0	\$4,971	\$4,972	\$6,611	\$6,612	\$8,252	\$8,253	\$9,942	\$9,943	\$12,428	\$12,429
10	\$0	\$5,429	\$5,430	\$7,221	\$7,222	\$9,012	\$9,013	\$10,858	\$10,859	\$13,573	\$13,574
Medical Visit	\$0		\$35		\$45		\$55		\$65		100% of Billed Charges
Medical Visit Discounts*	\$5		\$5		\$5		\$5		\$5		\$5

* Medical Visit Discount for payment at the time of service