



Kedren Community Care Clinic Sliding Fee Scale 2025

Refer to Federal Register 1/31/2025

Effective Date: 03/01/2025

The Kedren Community Health Center, Inc sliding fee discount schedule is used to determine the discount a patient will receive on their total charges for services.

The scale below shows annual income.

These fees and discounts apply to medical and behavioral health services provided directly by Kedren Community Health Center, Inc.

Persons in Family/ Household	A		B		C		D		No Discount	
	<=100% FPG		101%-133% FPG		134%-166% FPG		167%-200% FPG		201%> FPG	
1	\$ -	\$ 15,600	\$ 15,601	\$ 20,815	\$ 20,816	\$ 25,979	\$ 25,980	\$ 31,300	\$ 31,301	+
2	\$ -	\$ 21,150	\$ 21,151	\$ 28,130	\$ 28,131	\$ 35,109	\$ 35,110	\$ 42,300	\$ 42,301	+
3	\$ -	\$ 26,650	\$ 26,651	\$ 35,445	\$ 35,446	\$ 44,239	\$ 44,240	\$ 53,300	\$ 53,301	+
4	\$ -	\$ 32,150	\$ 32,151	\$ 42,760	\$ 42,761	\$ 53,369	\$ 53,370	\$ 64,300	\$ 64,301	+
5	\$ -	\$ 37,650	\$ 37,651	\$ 50,075	\$ 50,076	\$ 62,499	\$ 62,500	\$ 75,300	\$ 75,301	+
6	\$ -	\$ 43,150	\$ 43,151	\$ 57,390	\$ 57,391	\$ 71,629	\$ 71,630	\$ 86,300	\$ 86,301	+
7	\$ -	\$ 48,650	\$ 48,651	\$ 64,705	\$ 64,706	\$ 80,759	\$ 80,760	\$ 97,300	\$ 97,301	+
8	\$ -	\$ 54,150	\$ 54,151	\$ 72,020	\$ 72,021	\$ 89,889	\$ 89,890	\$ 108,300	\$ 108,301	+

Payment:

Medical Sliding
Fee Rate/
Responsibility

\$10
Nominal Charge

25%

50%

75%

100%

For families/households with more than 8 persons, add \$5,500 for each additional person.

Discount Schedule based on 2025 Federal Poverty Guidelines found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

No one will be turned away for lack of ability to pay.