



# Kedren Community Care Clinic Sliding Fee Scale 2026

Refer to Federal Register 1/13/2026

Effective Date: 03/01/2026

*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	\$ -	\$ 15,960	\$ 15,961	\$ 21,227	\$ 21,228	\$ 26,494	\$ 26,495	\$ 31,920	\$ 31,921	+
2	\$ -	\$ 21,640	\$ 21,641	\$ 28,781	\$ 28,782	\$ 35,922	\$ 35,923	\$ 43,280	\$ 43,281	+
3	\$ -	\$ 27,320	\$ 27,321	\$ 36,336	\$ 36,337	\$ 45,351	\$ 45,352	\$ 54,640	\$ 54,641	+
4	\$ -	\$ 33,000	\$ 33,001	\$ 43,890	\$ 43,891	\$ 54,780	\$ 54,781	\$ 66,000	\$ 66,001	+
5	\$ -	\$ 38,680	\$ 38,681	\$ 51,444	\$ 51,445	\$ 64,209	\$ 64,210	\$ 77,360	\$ 77,361	+
6	\$ -	\$ 44,360	\$ 44,361	\$ 58,999	\$ 59,000	\$ 73,638	\$ 73,639	\$ 88,720	\$ 88,721	+
7	\$ -	\$ 50,040	\$ 50,041	\$ 66,553	\$ 66,554	\$ 83,066	\$ 83,067	\$ 100,080	\$ 100,081	+
8	\$ -	\$ 55,720	\$ 55,721	\$ 74,108	\$ 74,109	\$ 92,495	\$ 92,496	\$ 111,440	\$ 111,441	+

**Payment:**

Medical Sliding  
Fee Rate/  
Responsibility

<b>\$10</b> <i>Nominal Charge</i>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>
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For families/households with more than 8 persons, add \$5,680 for each additional person.

Discount Schedule based on 2026 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.



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Persons in Family/ Household	A		B		C		D		No Discount	
	<=100% FPG		101%-133% FPG		134%-166% FPG		167%-200% FPG		201%> FPG	
1	\$ -	\$ 1,330	\$ 1,331	\$ 1,769	\$ 1,770	\$ 2,208	\$ 2,209	\$ 2,660	\$ 2,661	+
2	\$ -	\$ 1,803	\$ 1,804	\$ 2,398	\$ 2,399	\$ 2,994	\$ 2,995	\$ 3,607	\$ 3,608	+
3	\$ -	\$ 2,277	\$ 2,278	\$ 3,028	\$ 3,029	\$ 3,779	\$ 3,780	\$ 4,553	\$ 4,554	+
4	\$ -	\$ 2,750	\$ 2,751	\$ 3,658	\$ 3,659	\$ 4,565	\$ 4,566	\$ 5,500	\$ 5,501	+
5	\$ -	\$ 3,223	\$ 3,224	\$ 4,287	\$ 4,288	\$ 5,351	\$ 5,352	\$ 6,447	\$ 6,448	+
6	\$ -	\$ 3,697	\$ 3,698	\$ 4,917	\$ 4,918	\$ 6,136	\$ 6,137	\$ 7,393	\$ 7,394	+
7	\$ -	\$ 4,170	\$ 4,171	\$ 5,546	\$ 5,547	\$ 6,922	\$ 6,923	\$ 8,340	\$ 8,341	+
8	\$ -	\$ 4,643	\$ 4,644	\$ 6,176	\$ 6,177	\$ 7,708	\$ 7,709	\$ 9,287	\$ 9,288	+

**Payment:**

Medical Sliding Fee Rate/ Responsibility	\$10 <i>Nominal Charge</i>	25%	50%	75%	100%
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For families/households with more than 8 persons, add \$5,680 (annual) for each additional person.

Discount Schedule based on 2026 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.



**Kedren Community Care Clinic  
Sliding Fee Scale 2026**

**SAMPLE CHARGE SHEET FOR OFFICE VISITS BASED ON FEDERAL POVERTY LEVEL AND SLIDES**

Family Unit Size	Minimum PAY	25% PAY	50% PAY	75% PAY	100% PAY
Poverty	0-100%	101-133%	134-166%	167-199%	200% >
<b>New Patients</b>					
99202	\$ 10.00	\$ 29.14	\$ 58.29	\$ 87.43	\$ 116.57
99203	\$ 10.00	\$ 44.88	\$ 89.76	\$ 134.64	\$ 179.52
99204	\$ 10.00	\$ 66.88	\$ 133.76	\$ 200.63	\$ 267.51
99205	\$ 10.00	\$ 88.07	\$ 176.15	\$ 264.22	\$ 352.29
<b>Returning Patients</b>					
99211	\$ 10.00	\$ 10.00	\$ 19.50	\$ 29.24	\$ 38.99
99212	\$ 10.00	\$ 23.03	\$ 46.05	\$ 69.08	\$ 92.10
99213	\$ 10.00	\$ 36.82	\$ 73.65	\$ 110.47	\$ 147.29
99214	\$ 10.00	\$ 51.59	\$ 103.19	\$ 154.78	\$ 206.37
99215	\$ 10.00	\$ 72.20	\$ 144.40	\$ 216.60	\$ 288.80