

Patient Name and Date: _____

MRN: _____



**Sliding Fee Schedule According to Household Income Eligibility Relative to Federal Poverty Level (FPL)
The 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia**

Persons in family	Poverty Level	150%	200%	300%	400%
1	\$15,650	23,475.00	31,300.00	46,950.00	62,600.00
2	\$21,150	31,725.00	42,300.00	63,450.00	84,600.00
3	\$26,650	39,975.00	53,300.00	79,950.00	106,600.00
4	\$32,150	48,225.00	64,300.00	96,450.00	128,600.00
5	\$37,650	56,475.00	75,300.00	112,950.00	150,600.00
6	\$43,150	64,725.00	86,300.00	129,450.00	172,600.00
7	\$48,650	72,975.00	97,300.00	145,950.00	194,600.00
8	\$54,150	81,225.00	108,300.00	162,450.00	216,600.00
Corresponding Sliding Fee	\$2	\$5	\$10	\$15	\$20
For families/households with more than 8 persons, add \$5,500 for each additional person.					

Pregnant women count as two people for the purpose of this chart. Assumes 2080 hours per year. Eligibility (to be completed by program staff person):

1. Family size: _____
 2. The total annual family income is \$ _____
 3. The corresponding sliding fee is (circle one): \$2 \$5 \$10 \$15 \$20 per visit

Comments:

- ____ Patient is receiving disability
 ____ Patient is not working at this time due to Mental Health issues
 ____ Patient is making less than \$15,650 a year

Special circumstances noted to determine eligibility:

- ____ Children are receiving free/reduced lunch
 ____ Family has children with Special Health Care Needs
 ____ Financial reasons: recent job loss or other
 ____ Military deployment: a parent is currently deployed by armed forces/reserves
 ____ Family member who is terminally ill
 ____ Disability

Supporting documentation should be filed following this worksheet in the patient chart.

Name of program staff person (Please print): _____

Signature: _____ Date: _____

Acceptable income documentation should be filed directly following this worksheet in the form of the following: two most recent pay stubs, documentation of free/reduced lunch eligibility from Broward County Schools, W-2 forms, prior year income tax return, or proof of public assistance or disability benefits.