

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.