

Costo de servicios y lista de descuentos 2025

NIVEL	A	B	C	D	E	F	G	H	INELEGIBLE PARA COBERTURA DE RW ENCIMA DE 500%	
LÍMITE INFERIOR	0%	101%	126%	151%	176%	201%	251%	301%	RW	
LÍMITE SUPERIOR	100%	125%	150%	175%	200%	250%	300%	Y MÁS	LÍMITE	
TAMAÑO DE LA FAMILIA										
1	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$39,125	\$46,950	\$46,951	\$78,251	
2	\$21,150	\$26,438	\$31,725	\$37,013	\$42,300	\$52,875	\$63,450	\$63,451	\$105,751	
3	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$66,625	\$79,950	\$79,951	\$133,251	
4	\$32,150	\$40,188	\$48,225	\$56,263	\$64,300	\$80,375	\$96,450	\$96,451	\$160,751	
5	\$37,650	\$47,063	\$56,475	\$65,888	\$75,300	\$94,125	\$112,950	\$112,951	\$188,251	
6	\$43,150	\$53,938	\$64,725	\$75,513	\$86,300	\$107,875	\$129,450	\$129,451	\$215,751	
7	\$48,650	\$60,813	\$72,975	\$85,138	\$97,300	\$121,625	\$145,950	\$145,951	\$243,251	
8	\$54,150	\$67,688	\$81,225	\$94,763	\$108,300	\$135,375	\$162,450	\$162,451	\$270,751	
9	\$59,650	\$74,563	\$89,475	\$104,388	\$119,300	\$149,125	\$178,950	\$178,951	\$298,251	
10	\$65,150	\$81,438	\$97,725	\$114,013	\$130,300	\$162,875	\$195,450	\$195,451	\$325,751	
SERVICIOS MÉDICOS**	\$20	\$30	\$40	\$50	\$60	Pago Completo*	Pago Completo*	Pago Completo*	Pago Completo*	GENERAL
	\$20					\$80	\$120	Pago Completo*	RYAN WHITE	
	\$0					\$80	Pago Completo*	Pago Completo*	TITLE X	
SALUD MENTAL Y USO DE SUSTANCIAS***	\$5	\$10	\$15	\$20	\$25	Pago Completo*	Pago Completo*	Pago Completo*	Pago Completo*	INDIVIDUO
						Pago Completo*	Pago Completo*	Pago Completo*	Pago Completo*	GRUPO
						\$40	\$40	\$60	Pago Completo*	RYAN WHITE

2025 ÍNDICE FEDERAL DE POBREZA DE LOS 48 ESTADOS Y EL DISTRITO DE COLUMBIA

TAMAÑO DE LA FAMILIA	1	2	3	4	5	6	7	8
2025 INDICE FED. DE POBREZA	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150
PARA FAMILIAS CON MÁS DE 8 PERSONAS, AÑADIR				\$5,500				

*Los pacientes con pago completo deberán pagar \$120 por servicios médicos y \$60 por los servicios de salud mental en el momento de la cita. El saldo restante se facturará después de la cita.

**Las tarifas de servicios médicos son aplicables a las citas con un proveedor médico y citas para inmunizaciones (excepto vacunas de COVID o pruebas de tuberculosis PPD).

***Las tarifas de salud mental y uso de sustancias se aplican a las citas individuales y grupales con proveedores de salud mental y uso de sustancias.



LA CLÍNICA
DEL PUEBLO

Sliding Fee Scale And Schedule Of Discounts 2025

LEVEL	A	B	C	D	E	F	G	H	NOT ELIGIBLE FOR RW COVERAGE OVER 500%	
LOWER LIMIT	0%	101%	126%	151%	176%	201%	251%	301%	RW	
UPPER LIMIT	100%	125%	150%	175%	200%	250%	300%	AND OVER	THRESHOLD	
FAMILY SIZE										
1	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$39,125	\$46,950	\$46,951	\$78,251	
2	\$21,150	\$26,438	\$31,725	\$37,013	\$42,300	\$52,875	\$63,450	\$63,451	\$105,751	
3	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$66,625	\$79,950	\$79,951	\$133,251	
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9	\$59,650	\$74,563	\$89,475	\$104,388	\$119,300	\$149,125	\$178,950	\$178,951	\$298,251	
10	\$65,150	\$81,438	\$97,725	\$114,013	\$130,300	\$162,875	\$195,450	\$195,451	\$325,751	
MEDICAL SERVICES**	\$20	\$30	\$40	\$50	\$60	* Full Fee	* Full Fee	* Full Fee	* Full Fee	GENERAL RYAN WHITE TITLE X
						\$80	\$120	\$120	* Full Fee	
						\$80	* Full Fee	* Full Fee	* Full Fee	
MENTAL HEALTH AND SUBSTANCE USE SERVICES***	\$5	\$10	\$15	\$20	\$25	* Full Fee	* Full Fee	* Full Fee	* Full Fee	INDIVIDUAL GROUP RYAN WHITE
						* Full Fee	* Full Fee	* Full Fee	* Full Fee	
						\$40	\$60	\$60	* Full Fee	

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY OR HOUSEHOLD	1	2	3	4	5	6	7	8
2025 POVERTY GUIDELINE	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$48,650	\$54,150
FOR FAMILIES WITH MORE THAN 8 PERSONS, ADD				\$5,500				

*Please note full fee patients will be charged \$120 for medical services and \$60 for behavioral health services at the time of service and billed for the remainder after the visit.

**Medical Services Fees are applied to office visits with clinician and immunizations (not PPD, or COVID vaccines) only.

***Mental Health and Substance Use fees are applied to individual and group visits with mental health or substance use provider