LA CLÍNICA DEL PUEBLO

Sliding Fee Scale And Schedule Of Discounts

Effective 11/01/2026

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	$15,960	$19,950	$23,940	$27,930	$31,920	$39,900	$47,880	$47,881	$79,801	
2	$21,640	$27,050	$32,460	$37,870	$43,280	$54,100	$64,920	$64,921	$108,201	
3	$27,320	$34,150	$40,980	$47,810	$54,640	$68,300	$81,960	$81,961	$136,601	
4	$33,000	$41,250	$49,500	$57,750	$66,000	$82,500	$99,000	$99,001	$165,001	
5	$38,680	$48,350	$58,020	$67,690	$77,360	$96,700	$116,040	$116,041	$193,401	
6	$44,360	$55,450	$66,540	$77,630	$88,720	$110,900	$133,080	$133,081	$221,801	
7	$50,040	$62,550	$75,060	$87,570	$100,080	$125,100	$150,120	$150,121	$250,201	
8	$55,720	$69,650	$83,580	$97,510	$111,440	$139,300	$167,160	$167,161	$278,601	
MEDICAL SERVICES, INCLUDING PSYCHIATRY**	$50	$60	$70	$80	$90	*Full Fee	*Full Fee	*Full Fee	*Full Fee	GENERAL
						$90	*Full Fee	*Full Fee	*Full Fee	RYAN WHITE
	$0	$60	$70	$80	$90	$90	*Full Fee	*Full Fee	*Full Fee	TITLE X
MENTAL HEALTH SERVICES***	$20	$25	$30	$35	$40	*Full Fee	*Full Fee	*Full Fee	*Full Fee	INDIVIDUAL
						$40	*Full Fee	*Full Fee	*Full Fee	RYAN WHITE
	$10	$15	$20	$25	$30	*Full Fee	*Full Fee	*Full Fee	*Full Fee	GROUP
SUBSTANCE USE SERVICES***	$6	$7	$8	$9	$10	*Full Fee	*Full Fee	*Full Fee	*Full Fee	INDIVIDUAL
	$4	$5	$6	$8	$9	*Full Fee	*Full Fee	*Full Fee	*Full Fee	GROUP
PHARMACY****	ACQ + $4	ACQ + $5	ACQ + $6	ACQ + $7	ACQ + $8	*Full Fee	*Full Fee	*Full Fee	*Full Fee	GENERAL
						ACQ + $9	ACQ + $9	*Full Fee	*Full Fee	RYAN WHITE
	$0	ACQ + $5	ACQ + $6	ACQ + $7	ACQ + $8	ACQ + $9	*Full Fee	*Full Fee	*Full Fee	TITLE X

2026 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
2026 POVERTY GUIDELINE	$15,960	$21,640	$27,320	$33,000	$38,680	$44,360	$50,040	$55,720

FOR FAMILIES WITH MORE THAN 8 PERSONS, ADD **$5,680**

***Please note full fee patients will be charged $140 for Medical services, $90 for individual BH/SUD services and $40 for group sessions at time of service and billed for remainder balance after the visit.**

**Medical Services Fees are applied to office visits with clinician (includes all services and labs)

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

****Medications are dispensed at acquisition price (ACQ) + dispensing fee.