

East Liberty Family Health Care Center, Inc.

Sliding Fee Scale - Medical

(Based on Federal Register 2026 - Poverty Income Guidelines)

		Level 1	Level 2	Level 3	Level 4	Level 5
% of Federal Poverty Income Guidelines		<100% of Poverty Level	101% - 125%	126% - 150%	151% - 175%	176% - 200%
Family Size	Income Measure	Medical, Behavioral Health, Podiatry Nominal Fee \$25	Medical, Behavioral Health, Podiatry Nominal Fee \$25	Medical, Behavioral Health, Podiatry Nominal Fee \$25	Medical, Behavioral Health, Podiatry Nominal Fee \$25	Medical, Behavioral Health, Podiatry Nominal Fee \$25
		Visit Balance 100% Adjusted	Visit Balance 75% Adjusted	Visit Balance 50% Adjusted	Visit Balance 25% Adjusted	Visit Balance 0% Adjusted
1	Annual	\$0 - \$15,960	\$15,960 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920
2	Annual	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280
3	Annual	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$56,640
4	Annual	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - 49,500	\$49,501 - \$57,750	\$57,751 - \$66,000
5	Annual	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360
6	Annual	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720
7	Annual	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080
8	Annual	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440
* each additional		+5,680-A	+7,100-A	+8,520-A	+9,940-A	+11,360-A

The Sliding Fee applies to all Services. All supplies are not included in the Sliding Fee

Outside lab fees are additional.

Applications for Quest's patient assistance program are available upon request.

Devices (such as IUD's), prosthetics and medicine, are not included. Adult vaccines are not included.