

CHESTNUT FAMILY HEALTH CENTER

SLIDING FEE SCALE Effective March 1, 2026

Based on 2026 Federal Poverty Guidelines

	No clinic fee	\$10 clinic fee	\$12 clinic fee	\$14 clinic fee	\$15 clinic fee
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PERCENT OF POVERTY GUIDELINES

Family Size	No Income	1% - 100%	101% - 150%	151% - 175%	176% - 200%
1	\$0	\$15,960	\$23,940	\$27,930	\$31,920
2	\$0	\$21,640	\$32,460	\$37,870	\$43,280
3	\$0	\$27,320	\$40,980	\$47,810	\$54,640
4	\$0	\$33,000	\$49,500	\$57,750	\$66,000
5	\$0	\$38,680	\$58,020	\$67,690	\$77,360
6	\$0	\$44,360	\$66,540	\$77,630	\$88,720
7	\$0	\$50,040	\$75,060	\$87,570	\$100,080
8	\$0	\$55,720	\$83,580	\$97,510	\$111,440

For family units of more than 8 members, add the following for each additional member:

No income	\$0
1% - 100%	\$5,680
101% - 150%	\$8,520
151% - 175%	\$9,940
176% - 200%	\$11,360