

# Health West

## Medical / Behavioral / Dental Health Services

### Sliding Fee Schedule - 2025

	FPL = <100%	101% - 150%	151% - 175%	176% - 200%	>200%
Slide	"A" Nominal Fee \$40.00	"B" \$70.00	"C" \$110.00	"D" \$160.00	"E" 100% (Full Fee)
Family Size					
1	\$15,650	\$15,651 - \$23,475	\$23,476 - \$27,388	\$27,389 - \$31,300	\$31,301
2	\$21,150	\$21,151 - \$31,725	\$31,726 - \$37,013	\$37,014 - \$42,300	\$42,301
3	\$26,650	\$26,651 - \$39,975	\$39,976 - \$46,638	\$46,639 - \$53,300	\$53,301
4	\$32,150	\$32,151 - \$48,225	\$48,226 - \$56,263	\$56,264 - \$64,300	\$64,301
5	\$37,650	\$37,651 - \$56,475	\$56,476 - \$65,888	\$65,889 - \$75,300	\$75,301
6	\$43,150	\$43,151 - \$64,725	\$64,726 - \$75,513	\$75,514 - \$86,300	\$86,301
7	\$48,650	\$48,651 - \$72,975	\$72,976 - \$85,138	\$85,139 - \$97,300	\$97,301
8	\$54,150	\$54,151 - \$81,225	\$81,226 - \$94,763	\$94,764 - \$108,300	\$108,301

**For family/households with more than 8 persons, add \$5,380 for each additional person**

**Nominal Fee: \$40.00 per office visit**

\*Procedures are in place to help patients who are below 100% of the Federal Poverty Level and cannot afford the nominal fee.

Effective 02-01-2025