

# Health West

## Medical / Behavioral / Dental Health Services

### Sliding Fee Schedule - 2026

	FPL	= <100%	101% - 150%	151% - 175%	176% - 200%	>200%
Slide	"A"	"B"	"C"	"D"	"E"	
Family Size	Nominal Fee \$40.00	\$70.00	\$110.00	\$160.00	100% (Full Fee)	
1	\$15,960	\$15,961 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921	
2	\$21,640	\$21,641 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281	
3	\$27,320	\$27,321 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641	
4	\$33,000	\$33,001 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001	
5	\$38,680	\$38,681 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361	
6	\$44,360	\$44,361 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721	
7	\$50,040	\$50,041 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081	
8	\$55,720	\$55,721 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441	

**For family/households with more than 8 persons, add \$5,680 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 01-15-2026