

## Sliding Fee Scale

It is the policy of La Maestra Family Clinic, Inc. to provide essential health care services regardless of a patient's ability to pay. Discounts are available based upon household income and family size for patients without health insurance and for patients with third-party insurance that does not cover, or only partially covers, fees. The eligibility for discounts is updated at least annually using the Federal Poverty Level guidelines (FPL) below. Additional discounts may be available to patients who meet criteria or state or county-funded indigent care programs. Additional discounts are dependent on availability of funds. Patients may apply for a discount at any time.

To apply for eligibility for Sliding Fee Discounts, please fill out the Sliding Fee Application in the patient registration packet available at the front desk.

### 2026 Federal Poverty Level (FPL) Guidelines

Family Size	FPL 0-100%	FPL 101-133%	FPL 134-150%	FPL 151-200%	FPL 201-300%
1	\$15,960	\$21,226.80	\$23,940	\$31,920	\$47,880
2	\$21,640	\$28,781.20	\$32,460	\$43,280	\$64,920
3	\$27,320	\$36,335.60	\$40,980	\$54,640	\$81,960
4	\$33,000	\$43,890	\$49,500	\$66,000	\$99,000
5	\$38,680	\$51,444.40	\$58,020	\$77,360	\$116,040
6	\$44,360	\$58,998.80	\$66,540	\$88,720	\$133,080
7	\$50,040	\$66,553.20	\$75,060	\$100,080	\$150,120
8	\$55,720	\$74,107.60	\$83,580	\$111,440	\$167,160

\* For families/households with more than 8 persons, add \$5,140 for each additional person.

