

SOUTHWEST HEALTHCARE SERVICES

Appendix: Sliding Fee Schedule 2026

Poverty Level	100% of Poverty	125% of Poverty	150% of Poverty	175% of Poverty	200% of Poverty	Above 200% of Poverty
Size of Family	Fee is Waived	Pay 20%	Pay 40%	Pay 60%	Pay 80%	Pay in Full
1	\$0-\$15,960	\$15,961- \$19,950	\$19,951- \$23,940	\$23,941- \$27,930	\$27,931- \$31,920	\$31,921+
2	\$0-\$21,640	\$21,641- \$27,050	\$27,051- \$32,460	\$32,461- \$37,870	\$37,871- \$43,280	\$43,281+
3	\$0-\$27,320	\$27,321- \$34,150	\$34,151- \$40,980	\$40,981- \$47,810	\$47,811- \$54,640	\$54,641+
4	\$0-\$33,000	\$33,001- \$41,250	\$41,251- \$49,500	\$49,501- \$57,750	\$57,751- \$66,000	\$66,001+
5	\$0-\$38,680	\$38,681- \$48,350	\$48,351- \$58,020	\$58,021- \$67,690	\$67,691- \$77,360	\$77,361+
6	\$0-\$44,360	\$44,361- \$55,450	\$55,451- \$66,540	\$66,541- \$77,630	\$77,631- \$88,720	\$88,721+
7	\$0-\$50,040	\$50,041- \$62,550	\$62,551- \$75,060	\$75,061- \$87,570	\$87,571- \$100,080	\$100,081+
8	\$0-\$55,720	\$55,721- \$69,650	\$69,651- \$83,580	\$83,581- \$97,510	\$97,511- \$111,440	\$111,441+
9	\$0-\$61,400	\$61,401- \$76,750	\$76,751- \$92,100	\$92,101- \$107,450	\$107,451- \$122,800	\$122,801+
10	\$0-\$67,080	\$67,081- \$83,850	\$83,851- \$100,620	\$100,621- \$117,390	\$117,391- \$134,160	\$134,161+

Based on most recent Federal Poverty Guidelines (FPG). Patients at or above 200% of FPG pay full fee.