

MARY'S CENTER

2026 Sliding Fee Scale

Medical

# of Family Members	Level I 0 - 100% of Federal Poverty Level (FPL)		Level II 101 - 140% of Federal Poverty Level (FPL)		Level III 141 - 180% of Federal Poverty Level (FPL)		Level IV 181 - 200% of Federal Poverty Level (FPL)		No Discount Over 200% Federal Poverty Level (FPL) / No Income Information Provided
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$0	\$15,960	\$15,961	\$22,344	\$22,345	\$28,728	\$28,729	\$31,920	\$31,921
2	\$5,680	\$21,640	\$21,641	\$30,296	\$30,297	\$38,952	\$38,953	\$43,280	\$43,281
3	\$11,360	\$27,320	\$27,321	\$38,248	\$38,249	\$49,176	\$49,177	\$54,640	\$54,641
4	\$17,040	\$33,000	\$33,001	\$46,200	\$46,201	\$59,400	\$59,401	\$66,000	\$66,001
5	\$22,720	\$38,680	\$38,681	\$54,152	\$54,153	\$69,624	\$69,625	\$77,360	\$77,361
6	\$28,400	\$44,360	\$44,361	\$62,104	\$62,105	\$79,848	\$79,849	\$88,720	\$88,721
7	\$34,080	\$50,040	\$50,041	\$70,056	\$70,057	\$90,072	\$90,073	\$100,080	\$100,081
8	\$39,760	\$55,720	\$55,721	\$78,008	\$78,009	\$100,296	\$100,297	\$111,440	\$111,441
Add for Each Additional Person	\$5,680		\$7,952		\$10,224		\$11,360		\$11,360
Patient Payment	\$30		\$60		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance

Discount Schedule based on 2026 Federal Poverty Guidelines, found at ASPE.hhs.gov

Level I- includes all services, including labs and family planning.

Level II - Level IV - includes all services and labs. Family planning is additional cost.

In all cases, the **NO DISCOUNT** Level is an initial fee. Patient will be balance billed for full charges.

For Family Planning/Title X Fees: See Title X Sliding Fee Scale

Prenatal Care

# of Family Members	Level I 0 - 100% of Federal Poverty Level (FPL)		Level II 101 - 140% of Federal Poverty Level (FPL)		Level III 141 - 180% of Federal Poverty Level (FPL)		Level IV 181 - 200% of Federal Poverty Level (FPL)		No Discount Over 200% Federal Poverty Level (FPL) / No Income Information Provided
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$0	\$15,960	\$15,961	\$22,344	\$22,345	\$28,728	\$28,729	\$31,920	\$31,921
2	\$5,680	\$21,640	\$21,641	\$30,296	\$30,297	\$38,952	\$38,953	\$43,280	\$43,281
3	\$11,360	\$27,320	\$27,321	\$38,248	\$38,249	\$49,176	\$49,177	\$54,640	\$54,641
4	\$17,040	\$33,000	\$33,001	\$46,200	\$46,201	\$59,400	\$59,401	\$66,000	\$66,001
5	\$22,720	\$38,680	\$38,681	\$54,152	\$54,153	\$69,624	\$69,625	\$77,360	\$77,361
6	\$28,400	\$44,360	\$44,361	\$62,104	\$62,105	\$79,848	\$79,849	\$88,720	\$88,721
7	\$34,080	\$50,040	\$50,041	\$70,056	\$70,057	\$90,072	\$90,073	\$100,080	\$100,081
8	\$39,760	\$55,720	\$55,721	\$78,008	\$78,009	\$100,296	\$100,297	\$111,440	\$111,441
Add for Each Additional Person	\$5,680		\$7,952		\$10,224		\$11,360		\$11,360
Patient Payment	\$850		\$1,400		\$1,950		\$2,500		\$3,800.00

Sonography Services:					
	Level I	Level II	Level III	Level IV	No Discount
Per Visit	\$100	\$130	\$170	\$200	\$220

NOTE: "NO DISCOUNT" column refers to an initial fee collected at the time of service. Patient will be billed for the remainder balance after the visit.

Behavioral Health Services:					
	Level I	Level II	Level III	Level IV	No Discount
Per Session	\$5	\$10	\$30	\$50	\$70

NOTE: "NO DISCOUNT" column refers to an initial fee collected at the time of service.

VFC Admin Fee					
	VFC Admin Fee				
Per Visit	\$23				

Note: VFC Admin Fee is \$23 regardless of the number of injections given.
 Note: VFC Admin Fee is \$23 for all self - pay patients regardless of their discount qualification.

Family Planning Prices:						
*NOTE: Family planning fees are separate from medical fees (Title "X" Pricing). Oral contraceptives pricing is per unit.						
		* Level I	Level II	Level III	Level IV	No Discount
	Liletta	\$0	\$20	\$40	\$50	\$90
	Mirena	\$0	\$100	\$200	\$300	\$420
	Paraguard	\$0	\$75	\$150	\$250	\$390
*Oral Contaceptives		\$0	\$5	\$10	\$20	\$25
Depo Provera		\$0	\$5	\$5	\$5	\$15
Rings (3-pack)		\$0	\$5	\$10	\$15	\$20
Patch (3-pack)		\$0	\$25	\$50	\$75	\$90
Nexplanon		\$0	\$150	\$300	\$400	\$650
Plan B		\$0	\$5	\$5	\$5	\$5

NOTE: "NO DISCOUNT" column refers to an initial fee collected at the time of service. Patient will be billed for the remainder balance after the visit.

Title X Visit								
	Level I		Level II		Level III		Level IV	
	0 - 100% of Federal Poverty		101 - 140% of Federal Poverty		141 - 180% of Federal Poverty		181 - 250% of Federal Poverty	
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:	
1	\$0	\$15,960	\$15,961	\$22,344	\$22,345	\$28,728	\$28,729	\$39,900
2	\$5,680	\$21,640	\$21,641	\$30,296	\$30,297	\$38,952	\$38,953	\$54,100
3	\$11,360	\$27,320	\$27,321	\$38,248	\$38,249	\$49,176	\$49,177	\$68,300
4	\$17,040	\$33,000	\$33,001	\$46,200	\$46,201	\$59,400	\$59,401	\$82,500
5	\$22,720	\$38,680	\$38,681	\$54,152	\$54,153	\$69,624	\$69,625	\$96,700

6	\$28,400	\$44,360	\$44,361	\$62,104	\$62,105	\$79,848	\$79,849	\$110,900
7	\$34,080	\$50,040	\$50,041	\$70,056	\$70,057	\$90,072	\$90,073	\$125,100
8	\$39,760	\$55,720	\$55,721	\$78,008	\$78,009	\$100,296	\$100,297	\$139,300
Add for Each Additional Person	\$5,680		\$7,952		\$10,224		\$14,200	
Patient Payment	\$0		\$60		\$110		\$160	

DENTAL									
	Level I		Level II		Level III		Level IV		No Discount
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$0	\$15,960	\$15,961	\$22,344	\$22,345	\$28,728	\$28,729	\$31,920	\$31,921
2	\$5,680	\$21,640	\$21,641	\$30,296	\$30,297	\$38,952	\$38,953	\$43,280	\$43,281
3	\$11,360	\$27,320	\$27,321	\$38,248	\$38,249	\$49,176	\$49,177	\$54,640	\$54,641
4	\$17,040	\$33,000	\$33,001	\$46,200	\$46,201	\$59,400	\$59,401	\$66,000	\$66,001
5	\$22,720	\$38,680	\$38,681	\$54,152	\$54,153	\$69,624	\$69,625	\$77,360	\$77,361
6	\$28,400	\$44,360	\$44,361	\$62,104	\$62,105	\$79,848	\$79,849	\$88,720	\$88,721
7	\$34,080	\$50,040	\$50,041	\$70,056	\$70,057	\$90,072	\$90,073	\$100,080	\$100,081
8	\$39,760	\$55,720	\$55,721	\$78,008	\$78,009	\$100,296	\$100,297	\$111,440	\$111,441
Add for Each Additional Person	\$5,680		\$7,952		\$10,224		\$11,360		\$11,360
Diagnostic & Preventive	\$30		\$60		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance
Restorative, Periodontics, & Extractions	\$90		\$120		\$170		\$235		
Prosthodontics	\$800		\$900		\$1,000		\$1,100		
Endodontics	\$750		\$800		\$850		\$900		
(Upper Left, Lower Left, Upper Right, & Lower Right)									
Prosthodontics, fee per Upper or Lower. (Arch)									
Discount Schedule based on 2026 Federal Poverty Guidelines, found at ASPE.hhs.gov									