MARY'S CENTER

2026 Sliding Fee Scale

Medical

	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
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 intial fee. Patient will be balance billed for full charges.

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

Prenatal Care

	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
Patient Payment	$850		$1,400		$1,950		$2,500		$3,800.00

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.

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 regardles 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% ofFederal 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