

Near North Health Service Corporation

Sliding Fee Scale Proposed

Based on 2025 Federal Poverty Guidelines

**	\$40		\$50		\$60		\$70		Full Fee
	B		C		D		E		
	> 101% ≤ 125%		> 126% ≤ 150%		> 151% ≤ 175%		> 176% ≤ 200%		
650	15,651	19,563	19,564	23,475	23,476	27,388	27,389	31,300	31,301
150	21,151	26,438	26,439	31,725	31,726	37,013	37,014	42,300	42,301
650	26,651	33,313	33,314	39,975	39,976	46,638	46,639	53,300	53,301
150	32,151	40,188	40,189	48,225	48,226	56,263	56,264	64,300	64,301
650	37,651	47,063	47,064	56,475	56,476	65,888	65,889	75,300	75,301
150	43,151	53,938	53,939	64,725	64,726	75,513	75,514	86,300	86,301
650	48,651	60,813	60,814	72,975	72,976	85,138	85,139	97,300	97,301
150	54,151	67,688	67,689	81,225	81,226	94,763	94,764	108,300	108,301
650	59,651	74,563	74,564	89,475	89,476	104,388	104,389	119,300	119,301
150	65,151	81,438	81,439	97,725	97,726	114,013	114,014	130,300	130,301

Family Units with more than 10 members, for each additional member add \$5,500

Office visits (new or established) and basic in-house lab tests, such as Urinalysis Routine Test (Dip) 81003, A1C Hemoglobin Test (Fingerstick) 83036, and Glucose Test (Fingerstick) 82948.

Outside labs and additional services are based on Allowable Schedule

Primary Care (In-Office or Telehealth) - \$30 Nominal Fee

Mental Health (In-Office or Telehealth) - \$10 Nominal Fee

Dental Visit - \$30 Nominal Fee