FRANKLIN PRIMARY HEALTH CENTER, INC.

2025 Sliding Fee Discount Schedule

Based on Federal Poverty Guidelines(FPG) from the U.S. Department of Health and Human Services

MEDICAL / OPTOMETRY

Percent Discount	Family Size:	1	2	3	4	5	6	7	8	9	10	Percent of Poverty Level
100% \$25.00 Nominal Charge Only	Annual:	15,650	21,150	26,650	32,150	37,650	43,150	48,650	54,150	59,650	65,150	<=100%
	Monthly:	1,304	1,763	2,221	2,679	3,138	3,596	4,054	4,513	4,971	5,429	
\$ 30.00 Minimum Fee	Annual:	19,563	26,438	33,313	40,188	47,063	53,938	60,813	67,688	74,563	81,438	101% - through <=125%
applies 80%	Monthly:	1,630	2,203	2,776	3,349	3,922	4,495	5,068	5,641	6,214	6,786	
\$ 30.00	Annual:	23,475	31,725	39,975	48,225	56,475	64,725	72,975	81,225	89,475	97,725	126% - through <=150%
Minimum Fee applies 60%	Monthly:	1,956	2,644	3,331	4,019	4,706	5,394	6,081	6,769	7,456	8,144	
\$ 30.00 Minimum Fee	Annual:	27,388	37,013	46,638	56,263	65,888	75,513	85,138	94,763	104,388	114,013	151% through <=175%
applies 40%	Monthly:	2,282	3,084	3,886	4,689	5,491	6,293	7,095	7,897	8,699	9,501	
\$30.00 Minimum Fee applies 20%	Annual:	31,300	42,300	53,300	64,300	75,300	86,300	97,300	108,300	119,300	130,300	176% through
	Monthly:	2,608	3,525	4,442	5,358	6,275	7,192	8,108	9,025	9,942	10,858	<=200%
	Annual:	31,301	42,301	53,301	64,301	75,301	86,301	97,301	108,301	119,301	130,301	
0%	Monthly:	2,609	3,526	4,443	5,359	6,276	7,193	8,109	9,026	9,943	10,859	>200%

FRANKLIN PRIMARY HEALTH CENTER, INC.

2025 Sliding Fee Discount Schedule

Based on Federal Poverty Guidelines(FPG) from the U.S. Department of Health and Human Services **Dental**

Percent Discount	Family Size:	1	2	3	4	5	6	7	8	9	10	Percent of Poverty Level
100% \$40.00 Nominal Charge Only	Annual:	15,650	21,150	26,650	32,150	37,650	43,150	48,650	54,150	59,650	65,150	<=100%
	Monthly:	1,304	1,763	2,221	2,679	3,138	3,596	4,054	4,513	4,971	5,429	
\$ 45.00 Minimum Fee applies 80%	Annual:	19,563 1,630	26,438	33,313 2,776	40,188 3,349	47,063 3,922	53,938 4,495	60,813 5,068	67,688 5,641	74,563 6,214	81,438 6,786	101% through <=125%
\$ 45.00 Minimum Fee applies 60%	Annual:	23,475 1,956	31,725 2,644	39,975 3,331	48,225 4,019	56,475 4,706	64,725 5,394	72,975 6,081	81,225 6,769	89,475 7,456	97,725 8,144	126% through <=150%
\$ 45.00 Minimum Fee applies 40%	Annual:	27,388 2,282	37,013 3,084	46,638 3,886	56,263 4,689	65,888 5,491	75,513 6,293	85,138 7,095	94,763 7,897	104,388 8,699	114,013 9,501	151% through <=175%
\$45.00 Minimum Fee applies 20%	Annual: Monthly:	31,300 2,608	42,300 3,525	53,300 4,442	64,300 5,358	75,300 6,275	86,300 7,192	97,300 8,108	108,300 9,025	119,300 9,942	130,300 10,858	176% through <=200%
0%	Annual: Monthly:	31,301 2,609	42,301 3,526	53,301 4,443	64,301 5,359	75,301 6,276	86,301 7,193	97,301 8,109	108,301 9,026	119,301 9,943	130,301 10,859	>200%

FRANKLIN PRIMARY HEALTH CENTER, INC.

2025 Sliding Fee Discount Schedule

Based on Federal Poverty Guidelines(FPG) from the U.S. Department of Health and Human Services Behavioral Health

Percent Discount	Family Size:	1	2	3	4	5	6	7	8	9	10	Percent of Poverty Level
Nominal Charge: Assessment \$58.00 Group \$5.00/session	Annual:	15,650	21,150	26,650	32,150	37,650	43,150	48,650	54,150	59,650	65,150	<=100%
Individual \$8.00/session Family \$8.00/session Physical screen/Med SFD	Monthly:	1,304	1,763	2,221	2,679	3,138	3,596	4,054	4,513	4,971	5,429	
Minimum Fee: Assessment \$60.00	Annual:	19,563	26,438	33,313	40,188	47,063	53,938	60,813	67,688	74,563	81,438	101% through <=125%
Group \$6.00/session Individual \$9.00/session Family \$9.00/session Physical screen/Med SFD	Monthly:	1,630	2,203	2,776	3,349	3,922	4,495	5,068	5,641	6,214	6,786	
Minimum Fee: Assessment \$62.00	Annual:	23,475	31,725	39,975	48,225	56,475	64,725	72,975	81,225	89,475	97,725	126% through <=150%
Group \$7.00/session Individual \$10.00/session Family \$10.00/session Physical Screen/MSFD	Monthly:	1,956	2,644	3,331	4,019	4,706	5,394	6,081	6,769	7,456	8,144	
Minimum Fee: Assessment \$65.00	Annual:	27,388	37,013	46,638	56,263	65,888	75,513	85,138	94,763	104,388	114,013	151% through <=175%
Group \$8.00/session Individual \$11.00/session Family \$11.00/session Physical screen/ Med SFD	Monthly:	2,282	3,084	3,886	4,689	5,491	6,293	7,095	7,897	8,699	9,501	
Minimum Fee: Assessment \$70.00	Annual:	31,300	42,300	53,300	64,300	75,300	86,300	97,300	108,300	119,300	130,300	176% through <=200%
Group \$9.00/session Individual \$12.00/session Family \$12.00/session Physical screen/med SFD	Monthly:	2,608	3,525	4,442	5,358	6,275	7,192	8,108	9,025	9,942	10,858	
No Discount: Assessment \$75.00	Annual:	31,301	42,301	53,301	64,301	75,301	86,301	97,301	108,301	119,301	130,301	>200%
Group \$10.00/session Individual \$13.00/session Family \$13.00/session Physical screen/Charges	Monthly:	2,609	3,526	4,443	5,359	6,276	7,193	8,109	9,026	9,943	10,859	