

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 applies 80%	Annual:	19,563	26,438	33,313	40,188	47,063	53,938	60,813	67,688	74,563	81,438	101% through <=125%
	Monthly:	1,630	2,203	2,776	3,349	3,922	4,495	5,068	5,641	6,214	6,786	
\$ 30.00 Minimum Fee applies 60%	Annual:	23,475	31,725	39,975	48,225	56,475	64,725	72,975	81,225	89,475	97,725	126% through <=150%
	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 applies 40%	Annual:	27,388	37,013	46,638	56,263	65,888	75,513	85,138	94,763	104,388	114,013	151% through <=175%
	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 <=200%
	Monthly:	2,608	3,525	4,442	5,358	6,275	7,192	8,108	9,025	9,942	10,858	
0%	Annual:	31,301	42,301	53,301	64,301	75,301	86,301	97,301	108,301	119,301	130,301	>200%
	Monthly:	2,609	3,526	4,443	5,359	6,276	7,193	8,109	9,026	9,943	10,859	

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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	26,438	33,313	40,188	47,063	53,938	60,813	67,688	74,563	81,438	101% through <=125%
	Monthly:	1,630	2,203	2,776	3,349	3,922	4,495	5,068	5,641	6,214	6,786	
\$ 45.00 Minimum Fee applies 60%	Annual:	23,475	31,725	39,975	48,225	56,475	64,725	72,975	81,225	89,475	97,725	126% through <=150%
	Monthly:	1,956	2,644	3,331	4,019	4,706	5,394	6,081	6,769	7,456	8,144	
\$ 45.00 Minimum Fee applies 40%	Annual:	27,388	37,013	46,638	56,263	65,888	75,513	85,138	94,763	104,388	114,013	151% through <=175%
	Monthly:	2,282	3,084	3,886	4,689	5,491	6,293	7,095	7,897	8,699	9,501	
\$45.00 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 <=200%
	Monthly:	2,608	3,525	4,442	5,358	6,275	7,192	8,108	9,025	9,942	10,858	
0%	Annual:	31,301	42,301	53,301	64,301	75,301	86,301	97,301	108,301	119,301	130,301	>200%
	Monthly:	2,609	3,526	4,443	5,359	6,276	7,193	8,109	9,026	9,943	10,859	

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 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 \$5.00/session Group Individual \$8.00/session Family \$8.00/session Physical screen/Med SFD	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	
Minimum Fee: Assessment \$60.00 Group \$6.00/session Individual \$9.00/session Family \$9.00/session Physical screen/Med SFD	Annual:	19,563	26,438	33,313	40,188	47,063	53,938	60,813	67,688	74,563	81,438	101% through <=125%
	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 Group \$7.00/session Individual \$10.00/session Family \$10.00/session Physical Screen/MSFD	Annual:	23,475	31,725	39,975	48,225	56,475	64,725	72,975	81,225	89,475	97,725	126% through <=150%
	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 Group \$8.00/session Individual \$11.00/session Family \$11.00/session Physical screen/ Med SFD	Annual:	27,388	37,013	46,638	56,263	65,888	75,513	85,138	94,763	104,388	114,013	151% through <=175%
	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 Group \$9.00/session Individual \$12.00/session Family \$12.00/session Physical screen/med SFD	Annual:	31,300	42,300	53,300	64,300	75,300	86,300	97,300	108,300	119,300	130,300	176% through <=200%
	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 Group \$10.00/session Individual \$13.00/session Family \$13.00/session Physical screen/Charges	Annual:	31,301	42,301	53,301	64,301	75,301	86,301	97,301	108,301	119,301	130,301	>200%
	Monthly:	2,609	3,526	4,443	5,359	6,276	7,193	8,109	9,026	9,943	10,859	