

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 \$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	

FRANKLIN PRIMARY HEALTH CENTER, INC.

Programa de Tarifas de Descuentos Móvil 2025

Basado en Lineamientos Federales de Pobreza del Departamento de Salud y Servicios Humanos de Estados Unidos

Salud Conductual

Porcentaje de Descuento	Tamaño de Familia:	1	2	3	4	5	6	7	8	9	10	Porcentaje de Nivel de Pobreza
Cargo Nominal: Evaluación \$58.00 Grupo \$5.00/sesión Individual \$8.00/sesión Familiar \$8.00/sesión Examen Físico/Med PTD	Anual:	15,650	21,150	26,650	32,150	37,650	43,150	48,650	54,150	59,650	65,150	<=100%
	Mensual:	1,304	1,763	2,221	2,679	3,138	3,596	4,054	4,513	4,971	5,429	
Pago Mínimo: Evaluación \$60.00 Grupo \$6.00/sesión Individual \$9.00/sesión Familiar \$9.00/sesión Examen Físico/Med PTD	Anual:	19,563	26,438	33,313	40,188	47,063	53,938	60,813	67,688	74,563	81,438	101% hasta <=125%
	Mensual:	1,630	2,203	2,776	3,349	3,922	4,495	5,068	5,641	6,214	6,786	
Pago Mínimo: Evaluación \$62.00 Grupo \$7.00/sesión Individual \$10.00/sesión Familiar \$9.00/sesión Examen Físico/Med PTD	Anual:	23,475	31,725	39,975	48,225	56,475	64,725	72,975	81,225	89,475	97,725	126% hasta <=150%
	Mensual:	1,956	2,644	3,331	4,019	4,706	5,394	6,081	6,769	7,456	8,144	
Pago Mínimo: Evaluación \$65.00 Grupo \$8.00/sesión Individual \$11.00/sesión Familiar \$11.00/sesión Examen Físico/Med PTD	Anual:	27,388	37,013	46,638	56,263	65,888	75,513	85,138	94,763	104,388	114,013	151% hasta <=175%
	Mensual:	2,282	3,084	3,886	4,689	5,491	6,293	7,095	7,897	8,699	9,501	
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	Mensual:	2,608	3,525	4,442	5,358	6,275	7,192	8,108	9,025	9,942	10,858	
Sin Descuento: Evaluación \$75.00 Grupo \$10.00/sesión Individual \$13.00/sesión Familiar \$13.00/sesión Examen Físico/Con Cargos	Anual:	31,301	42,301	53,301	64,301	75,301	86,301	97,301	108,301	119,301	130,301	>200%
	Mensual:	2,609	3,526	4,443	5,359	6,276	7,193	8,109	9,026	9,943	10,859	