

FRANKLIN PRIMARY HEALTH CENTER, INC.

2026 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:	15,960	21,640	27,320	33,000	38,680	44,360	50,040	55,720	61,400	67,080	<=100%
	Monthly:	1,330	1,803	2,277	2,750	3,223	3,697	4,170	4,643	5,117	5,590	
\$ 30.00 Minimum Fee applies 80%	Annual:	19,950	27,050	34,150	41,250	48,350	55,450	62,550	69,650	76,750	83,850	101% through <=125%
	Monthly:	1,663	2,254	2,846	3,438	4,029	4,621	5,213	5,804	6,396	6,988	
\$ 31.00 Minimum Fee applies 60%	Annual:	23,940	32,460	40,980	49,500	58,020	66,540	75,060	83,580	92,100	100,620	126% through <=150%
	Monthly:	1,995	2,705	3,415	4,125	4,835	5,545	6,255	6,965	7,675	8,385	
\$ 32.00 Minimum Fee applies 40%	Annual:	27,930	37,870	47,810	57,750	67,690	77,630	87,570	97,510	107,450	117,390	151% through <=175%
	Monthly:	2,328	3,156	3,984	4,813	5,641	6,469	7,298	8,126	8,954	9,783	
\$33.00 Minimum Fee applies 20%	Annual:	31,920	43,280	54,640	66,000	77,360	88,720	100,080	111,440	122,800	134,160	176% through <=200%
	Monthly:	2,660	3,607	4,553	5,500	6,447	7,393	8,340	9,287	10,233	11,180	
0%	Annual:	31,921	43,281	54,641	66,001	77,361	88,721	100,081	111,441	122,801	134,161	>200%
	Monthly:	2,661	3,608	4,554	5,501	6,448	7,394	8,341	9,288	10,234	11,181	

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Dental

Percent Discount	Family Size:											Percent of Poverty Level
		1	2	3	4	5	6	7	8	9	10	
100% \$40.00 Nominal Charge Only	Annual:	15,960	21,640	27,320	33,000	38,680	44,360	50,040	55,720	61,400	67,080	<=100%
	Monthly:	1,330	1,803	2,277	2,750	3,223	3,697	4,170	4,643	5,117	5,590	
\$ 45.00 Minimum Fee applies 80%	Annual:	19,950	27,050	34,150	41,250	48,350	55,450	62,550	69,650	76,750	83,850	101% through <=125%
	Monthly:	1,663	2,254	2,846	3,438	4,029	4,621	5,213	5,804	6,396	6,988	
\$ 46.00 Minimum Fee applies 60%	Annual:	23,940	32,460	40,980	49,500	58,020	66,540	75,060	83,580	92,100	100,620	126% through <=150%
	Monthly:	1,995	2,705	3,415	4,125	4,835	5,545	6,255	6,965	7,675	8,385	
\$ 47.00 Minimum Fee applies 40%	Annual:	27,930	37,870	47,810	57,750	67,690	77,630	87,570	97,510	107,450	117,390	151% through <=175%
	Monthly:	2,328	3,156	3,984	4,813	5,641	6,469	7,298	8,126	8,954	9,783	
\$48.00 Minimum Fee applies 20%	Annual:	31,920	43,280	54,640	66,000	77,360	88,720	100,080	111,440	122,800	134,160	176% through <=200%
	Monthly:	2,660	3,607	4,553	5,500	6,447	7,393	8,340	9,287	10,233	11,180	
0%	Annual:	31,921	43,281	54,641	66,001	77,361	88,721	100,081	111,441	122,801	134,161	>200%
	Monthly:	2,661	3,608	4,554	5,501	6,448	7,394	8,341	9,288	10,234	11,181	

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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:	15,960	21,640	27,320	33,000	38,680	44,360	50,040	55,720	61,400	67,080	<=100%
	Monthly:	1,330	1,803	2,277	2,750	3,223	3,697	4,170	4,643	5,117	5,590	
Minimum Fee: Assessment \$60.00 Group \$6.00/session Individual \$9.00/session Family \$9.00/session Physical screen/Med SFD	Annual:	19,950	27,050	34,150	41,250	48,350	55,450	62,550	69,650	76,750	83,850	101% through <=125%
	Monthly:	1,663	2,254	2,846	3,438	4,029	4,621	5,213	5,804	6,396	6,988	
Minimum Fee: Assessment \$62.00 Group \$7.00/session Individual \$10.00/session Family \$10.00/session Physical Screen/MSFD	Annual:	23,940	32,460	40,980	49,500	58,020	66,540	75,060	83,580	92,100	100,620	126% through <=150%
	Monthly:	1,995	2,705	3,415	4,125	4,835	5,545	6,255	6,965	7,675	8,385	
Minimum Fee: Assessment \$65.00 Group \$8.00/session Individual \$11.00/session Family \$11.00/session Physical screen/ Med SFD	Annual:	27,930	37,870	47,810	57,750	67,690	77,630	87,570	97,510	107,450	117,390	151% through <=175%
	Monthly:	2,328	3,156	3,984	4,813	5,641	6,469	7,298	8,126	8,954	9,783	
Minimum Fee: Assessment \$70.00 Group \$9.00/session Individual \$12.00/session Family \$12.00/session Physical screen/med SFD	Annual:	31,920	43,280	54,640	66,000	77,360	88,720	100,080	111,440	122,800	134,160	176% through <=200%
	Monthly:	2,660	3,607	4,553	5,500	6,447	7,393	8,340	9,287	10,233	11,180	
No Discount: Assessment \$75.00 Group \$10.00/session Individual \$13.00/session Family \$13.00/session Physical screen/Charges	Annual:	31,921	43,281	54,641	66,001	77,361	88,721	100,081	111,441	122,801	134,161	>200%
	Monthly:	2,661	3,608	4,554	5,501	6,448	7,394	8,341	9,288	10,234	11,181	