

Athens Neighborhood Health Center Sliding Fee Scale for Medical and Behavioral Health Services - 2026

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty					
Poverty Level* Family Size	At or Below 100% Nominal Fee of \$25	101%-125% Pay \$40	126%-150% Pay \$55	151-175% Pay \$70	175%-200% Pay \$85
1	\$0 - \$15,960	\$15,960.01 - \$19,950	\$19,950.01-\$23,940	\$23,940.01 - \$27,930	\$27,930.01 - \$31,920
2	\$0 - \$21,640	\$21,640.01 - \$27,050	\$27,050.01 - \$32,460	\$32,460.01 - \$37,870	\$37,870.01 - \$43,280
3	\$0 - \$27,320	\$27,320.01 - \$34,150	\$34,150.01 - \$40,980	\$40,980.01 - \$47,810	\$47,810.01 - \$54,640
4	\$0 - \$33,000	\$33,000.01 - \$41,250	\$41,250.01 - \$49,500	\$49,500.01 - \$57,750	\$57,750.01 - \$66,000
5	\$0 - \$38,680	\$38,680.01 - \$48,350	\$48,350.01 - \$58,020	\$58,020.01 - \$67,690	\$67,690.01-\$77,360
6	\$0 - \$44,360	\$44,360.01 - \$55,450	\$55,450.01 - \$66,540	\$66,540.01 - \$77,630	\$77,630.01 - \$88,720
7	\$0 - \$50,040	\$50,040.01 - \$62,550	\$62,550.01 - \$75,060	\$75,060.01 - \$87,570	\$87,570.01 - \$100,080
8	\$0 - \$55,720	\$55,720.01 - \$69,650	\$69,650.01 - \$83,580	\$83,580.01 - \$97,510	\$97,510.01 - \$111,440

For families/households with more than 8 persons, add \$5,680 for each additional person.

Nominal Fee of \$25.00 for New and Established Patients.

Discounts Are to be Given as Follows:

- * New/Established patients with income \leq 100% of poverty level will receive a 100% discount and pay a nominal fee of \$25 per visit.
- * Patients with income between 100% and 200% of the poverty level will pay the flat rate outlined per visit based on the Sliding Fee Scale above.

Based on 2026 HHS Poverty Guidelines.

Revised: January 2026

NOTE: Patients with incomes above 200% of the federal poverty level pay 100% of charges