

Mission Neighborhood Health Center
Sliding Fee Discount Schedule
Effective date - February 16, 2026 to February 28, 2027

Sliding scale	Primary care services fee	Dental services - Preventative fee	Dental services - Additional fee	Optometry services fee	Optical Supplies fee	Podiatry services fee	Acupuncture fee	Behavioral Health fee	Medical Nutrition Therapy fee	Lab in-house fee
0 - 100%	Pay \$25	Pay \$25	Pay \$25+full lab fee*	Pay \$25	Pay \$15+ full lab fee	Pay \$25	Pay \$0	Pay \$0	Pay \$0	Pay 0
101 - 138%	Pay \$30	Pay \$30	60% discount	Pay \$30	50% discount	Pay \$35	Pay \$5	Pay \$5	Pay \$5	Pay 0
139 - 150%	Pay \$35	Pay \$35	40% discount	Pay \$35	45% discount	Pay \$45	Pay \$10	Pay \$10	Pay \$10	Pay 0
151 - 200%	Pay \$40	Pay \$40	25% discount	Pay \$40	40% discount	Pay \$55	Pay \$15	Pay \$15	Pay \$15	Pay 0
Over 200%	100% of all charges	100% of all charges	100% of all charges	100% of all charges	100% of all charges	100% of all charges	100% of all charges	100% of all charges	100% of all charges	100% of all charges

*Nominal fee plus full lab fee as applicable

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Dental additional services sliding scale example: Dentures				
Sliding scale	MNHC's full charge	Patient's portion	MNHC's lab cost	MNHC's total cost
0 - 100%	\$ 1,462.50	\$ 525.00	\$ 500.00	\$ 910.50
101 - 138%	\$ 1,462.50	\$ 585.00	\$ 500.00	\$ 910.50
139 - 150%	\$ 1,462.50	\$ 877.50	\$ 500.00	\$ 910.50
151 - 200%	\$ 1,462.50	\$ 1,096.88	\$ 500.00	\$ 910.50

Optical Supplies: Black Frames & bifocal lenses CR-39				
Sliding scale	MNHC's full charge	Patient's portion	MNHC's lab cost	MNHC's total cost
0 - 100%	\$ 179.27	\$ 45.14	\$ 59.14	\$ 89.28
101 - 138%	\$ 179.27	\$ 89.64	\$ 59.14	\$ 89.28
139 - 150%	\$ 179.27	\$ 98.60	\$ 59.14	\$ 89.28
151 - 200%	\$ 179.27	\$ 107.56	\$ 59.14	\$ 89.28

Mission Neighborhood Health Center
 Federal Poverty Guideline
 Effective date - February 16, 2026 to February 28, 2027

Family Size	FROM	TO	FROM	TO	FROM	TO
	0%	Pov Cat 0 actual = 100%	38%	Pov Cat 35 actual = 138%	50%	Pov Cat 50 actual = 150%
1	\$0	\$15,960	\$15,961	\$22,025	\$22,026	\$23,940
2	\$0	\$27,050	\$27,051	\$37,329	\$37,330	\$40,575
3	\$0	\$34,150	\$34,151	\$47,127	\$47,128	\$51,225
4	\$0	\$41,250	\$41,251	\$56,925	\$56,926	\$61,875
5	\$0	\$48,350	\$48,351	\$66,723	\$66,724	\$72,525
6	\$0	\$55,450	\$55,451	\$76,521	\$76,522	\$83,175
7	\$0	\$62,550	\$62,551	\$86,319	\$86,320	\$93,825
8	\$0	\$69,650	\$69,651	\$96,117	\$96,118	\$104,475
9	\$0	\$76,750	\$76,751	\$105,915	\$105,916	\$115,125
10	\$0	\$83,850	\$83,851	\$115,713	\$115,714	\$125,775

Family Size	FROM	TO	FROM	TO	FROM	TO
	100%	Pov Cat 80 actual = 200%	200%	Pov Cat 100 and Above actual = 300%	300%	actual = 400%
1	\$23,941	\$31,920	\$31,921	\$47,880	\$47,881	\$63,840
2	\$40,576	\$54,100	\$54,101	\$81,150	\$81,151	\$108,200
3	\$51,226	\$68,300	\$68,301	\$102,450	\$102,451	\$136,600
4	\$61,876	\$82,500	\$82,501	\$123,750	\$123,751	\$165,000
5	\$72,526	\$96,700	\$96,701	\$145,050	\$145,051	\$193,400
6	\$83,176	\$110,900	\$110,901	\$166,350	\$166,351	\$221,800
7	\$93,826	\$125,100	\$125,101	\$187,650	\$187,651	\$250,200
8	\$104,476	\$139,300	\$139,301	\$208,950	\$208,951	\$278,600
9	\$115,126	\$153,500	\$153,501	\$230,250	\$230,251	\$307,000
10	\$125,776	\$167,700	\$167,701	\$251,550	\$251,551	\$335,400