

**CIRCLES OF CARE, INC.
SLIDING FEE SCALE**

OUTPATIENT SERVICES

2026 - Published Federal Poverty Guidelines													
Poverty Level		<150%		151%-165%		166%-180%		181%-195%		196%-210%		211%-225%	
Income Level		From	To	From	To	From	To	From	to	From	to	From	to
Family Size	FPG Base*	100% Discount (Nominal Fee)		96% Discount		92% Discount		89% Discount		81% Discount		70% Discount	
1	\$15,960	\$0	\$23,940	\$23,941	\$26,334	\$26,335	\$28,728	\$26,335	\$31,122	\$31,123	\$33,516	\$33,517	\$35,910
2	\$21,640	\$0	\$32,460	\$32,461	\$35,706	\$35,707	\$38,952	\$35,707	\$42,198	\$42,199	\$45,444	\$45,445	\$48,690
3	\$27,320	\$0	\$40,980	\$40,981	\$45,078	\$45,079	\$49,176	\$45,079	\$53,274	\$53,275	\$57,372	\$57,373	\$61,470
4	\$33,000	\$0	\$49,500	\$49,501	\$54,450	\$54,451	\$59,400	\$54,451	\$64,350	\$64,351	\$69,300	\$69,301	\$74,250
5	\$38,680	\$0	\$58,020	\$58,021	\$63,822	\$63,823	\$69,624	\$63,823	\$75,426	\$75,427	\$81,228	\$81,229	\$87,030
6	\$44,360	\$0	\$66,540	\$66,541	\$73,194	\$73,195	\$79,848	\$73,195	\$86,502	\$86,503	\$93,156	\$93,157	\$99,810
7	\$50,040	\$0	\$75,060	\$75,061	\$82,566	\$82,567	\$90,072	\$82,567	\$97,578	\$97,579	\$105,084	\$105,085	\$112,590
8	\$55,720	\$0	\$83,580	\$83,581	\$91,938	\$91,939	\$100,296	\$91,939	\$108,654	\$108,655	\$117,012	\$117,013	\$125,370
Poverty Level				226%-240%		241%-270%		271%-285%		286%-300%		>300%	
Income Level				From	To	From	To	From	to	From	to	From	to
Family Size	FPG Base*			56% Discount		39% Discount		10% discount		5% Discount		No Discount	
1	\$15,960			\$35,911	\$38,304	\$38,305	\$43,092	\$43,093	\$45,486	\$45,487	\$47,880	Greater than	\$47,881
2	\$21,640			\$48,691	\$51,936	\$51,937	\$58,428	\$58,429	\$61,674	\$61,675	\$64,920	Greater than	\$64,921
3	\$27,320			\$61,471	\$65,568	\$65,569	\$73,764	\$73,765	\$77,862	\$77,863	\$81,960	Greater than	\$81,961
4	\$33,000			\$74,251	\$79,200	\$79,201	\$89,100	\$89,101	\$94,050	\$94,051	\$99,000	Greater than	\$99,001
5	\$38,680			\$87,031	\$92,832	\$92,833	\$104,436	\$104,437	\$110,238	\$110,239	\$116,040	Greater than	\$116,041
6	\$44,360			\$99,811	\$106,464	\$106,465	\$119,772	\$119,773	\$126,426	\$126,427	\$133,080	Greater than	\$133,081
7	\$50,040			\$112,591	\$120,096	\$120,097	\$135,108	\$135,109	\$142,614	\$142,615	\$150,120	Greater than	\$150,121
8	\$55,720			\$125,371	\$133,728	\$133,729	\$150,444	\$150,445	\$158,802	\$158,803	\$167,160	Greater than	\$167,161

INPATIENT (HOSPITAL) SERVICES

2026 - Published Federal Poverty Guidelines									
Poverty Level		200% or Less:		201%-250%		251%-300%		301%-400%	
Income Level		From	To	From	To	From	To	From	to
Family Size	FPG Base*	100% Discount		75% Discount		50% Discount		25% Discount	
1	\$15,960	\$0	\$31,920	\$31,921	\$39,900	\$39,901	\$47,880	\$47,881	\$63,840
2	\$21,640	\$0	\$43,280	\$43,281	\$54,100	\$54,101	\$64,920	\$64,921	\$86,560
3	\$27,320	\$0	\$54,640	\$54,641	\$68,300	\$68,301	\$81,960	\$81,961	\$109,280
4	\$33,000	\$0	\$66,000	\$66,001	\$82,500	\$82,501	\$99,000	\$99,001	\$132,000
5	\$38,680	\$0	\$77,360	\$77,361	\$96,700	\$96,701	\$116,040	\$116,041	\$154,720
6	\$44,360	\$0	\$88,720	\$88,721	\$110,900	\$110,901	\$133,080	\$133,081	\$177,440
7	\$50,040	\$0	\$100,080	\$100,081	\$125,100	\$125,101	\$150,120	\$150,121	\$200,160
8	\$55,720	\$0	\$111,440	\$111,441	\$139,300	\$139,301	\$167,160	\$167,161	\$222,880

*If there are more than eight individuals in the family, add \$5,680 for each additional individual.

**Persons not eligible for Medicaid and whose gross family income is less than 150% of the poverty income guidelines shall pay \$3 per day for Outpatient Services and \$2 per day for Residential Services.

**Notwithstanding these percentage discounts, any applicant who qualifies for financial assistance will not be required to pay more than AGB for emergency or medically necessary care provided by Circles of Care.