Outer Cape HEALTH SERVICES

Sliding Fee Scale – 2026

Medical & Behavioral Health Visits

Effective: March 1, 2026

Our Sliding Fee Scale Discount is Available to Patients with Total Family Income at/or Below 200% FPL

FAMILY SIZE	Q1 Yearly Income Below 100%	Q2 Yearly Income 101% - 125%	Q3 Yearly Income 126% -150%	Q4 Yearly Income 151% - 175%	Q5 Yearly Income 176% - 200%
1	$15,960 or less	$15,961 - $19,950	$19,951 - $23,940	$23,941 - $27,930	$27,931 -$31,920
2	$21,640 or less	$21,641 - $27,050	$27,051 - $32,460	$32,461 - $37,870	$37,871 - $43,280
3	$27,320 or less	$27,321 - $34,150	$34,151 - $40,980	$40,981 - $47,810	$47,811 - $54,640
4	$33,000 or less	$33,001 - $41,250	$41,251 - $49,500	$49,501 - $57,750	$57,751 - $66,000
5	$38,680 or less	$38,681 - $48,350	$48,351 - $58,020	$58,021 - $67,690	$67,691 - $77,360
6	$44,360 or less	$44,361 - $55,450	$55,451 - $66,540	$64,541 - $77,630	$77,631 - $88,720
7	$50,040 or less	$50,041 - $62,550	$62,551 - $75,060	$75,061 - $87,570	$87,571 - $100,080
8	$55,720 or less	$55,721 - $69,650	$69,651 - $83,580	$81,581 - $97,510	$97,511 - $111,440
Eligible Patient Pays*:	**$0.00**	**$10.00**	**$20.00**	**$30.00**	**$40.00**

SJoyner 03.02.2026