



# 2026 Sliding Fee Scale for Medical Services

Total Fees	\$40 Nominal Fee	20% of total charges	40% of total charges,	60% of total charges	80% of total charges	Full Charges
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Status	A	B	C	D	E	F	
Federal Poverty Level (FPL)	≤ 100%	101-125%	126-150%	151-175%	176-200%	> 200%	
Family Size	1	\$0-\$15,960	\$15,961-\$19,950	\$19,951-\$23,940	\$23,941-\$27,930	\$27,931-\$31,920	\$31,921+
	2	\$0-\$21,640	\$21,641-\$27,050	\$27,051-\$32,460	\$32,461-\$37,870	\$37,871-\$43,280	\$43,281+
	3	\$0-\$27,320	\$27,321-\$34,150	\$34,151-\$40,980	\$40,981-\$47,810	\$47,811-\$54,640	\$54,641+
	4	\$0-\$33,000	\$33,001-\$41,250	\$41,251-\$49,500	\$49,501-\$57,750	\$57,751-\$66,000	\$66,001+
	5	\$0-\$38,680	\$38,681-\$48,350	\$48,351-\$58,020	\$58,021-\$67,690	\$67,691-\$77,360	\$77,361+
	6	\$0-\$44,360	\$44,361-\$55,450	\$55,451-\$66,540	\$66,541-\$77,630	\$77,631-\$88,720	\$88,721+
	7	\$0-\$50,040	\$50,041-\$62,550	\$62,551-\$75,060	\$75,061-\$87,570	\$87,571-\$100,080	\$100,081+
	8	\$0-\$55,720	\$55,721-\$69,650	\$69,651-\$83,580	\$83,581-\$97,510	\$97,511-\$111,440	\$111,441+
	9	\$0-\$61,400	\$61,401-\$76,750	\$76,751-\$92,100	\$92,101-\$107,450	\$107,451-\$122,800	\$122,801+
	10	\$0-\$67,080	\$67,081-\$83,850	\$83,851-\$100,620	\$100,621-\$117,390	\$117,391-\$134,160	\$134,161+
	11	\$0-\$72,760	\$72,761-\$90,950	\$90,951-\$109,140	\$109,141-\$127,330	\$127,331-\$145,520	\$145,521+
	12	\$0-\$78,440	\$78,441-\$98,050	\$98,051-\$117,660	\$117,661-\$137,270	\$137,271-\$156,880	\$156,881+

\*Status A patients receive a 100% discount on total charges and are asked to pay a nominal fee of \$40 for medical services.

\*\*Status B, C, D and E patients are asked to pay a down payment of \$50 at time of visit and will be billed for the remainder of their charges with their eligible discount applied.

\*\*Status F patients are not eligible for discounts. They are asked to pay a down payment at time of service and will be billed for remaining charges.

\*\*Down payments are only collected for office visits. Down payments are not collected for lab-only or nurse-only visits. Patients will receive a bill for these services with their eligible discount applied.

This sliding fee scale applies to patients who are uninsured or underinsured. Insured patients are asked to pay their insurance co-pay, and their insurance is billed for services. Insured patients are asked to provide income information for sliding fee scale eligibility. If there are any charges not covered by insurance, their eligible sliding fee scale discount is applied to their balance. Sea Mar accepts most insurances including Medicaid and Medicare.

Sea Mar provides all services regardless of a patient's ability to pay. If a patient is not able to pay the nominal fee or down payment at time of visit, they will be asked to pay any amount they can. All patients will be served whether or not they can pay the nominal fee or down payment.