Lifespan Health's Sliding Fee Program

Do you need help with the high cost of health care?

Based upon your income and the number in your household, you may qualify to participate in our Federal grant:

Household Size	2026 Annual Income								
	FPL %		100%		133%		167%		200%
1	$0	to	$15,960	to	$21,227	to	$26,653	to	$31,920
2	$0	to	$21,640	to	$28,781	to	$36,139	to	$43,280
3	$0	to	$27,320	to	$36,336	to	$45,624	to	$54,640
4	$0	to	$33,000	to	$43,890	to	$55,110	to	$66,000
5	$0	to	$38,680	to	$51,444	to	$64,596	to	$77,360
6	$0	to	$44,360	to	$58,999	to	$74,081	to	$88,720
7	$0	to	$50,040	to	$66,553	to	$83,567	to	$100,080
8	$0	to	$55,720	to	$74,108	to	$93,052	to	$111,440

*For family units with more than 8 members, add $5,680 for each additional member.

FOR EXAMPLE: If your income is between $0 and $15,960 and you live alone (household of 1), you would qualify for our nominal fees which are:

$36 for Medical Visits

$25 for Initial Dental, Optometry

$45 for Comprehensive Dental, Optometry

If income is more than $15,960, then the fee schedule changes as shown below:

Annual Income Sliding Scale	0%-100% FPG*	>100%-133% FPG	>133%-167% FPG	>167%-200% FPG	>200% FPG
Medical, Behavioral	$36 (nominal)	$48	$60	$72	Full charge
Initial Dental, Optometry	$25 (nominal)	$31	$47	$59	Full charge
Comprehensive Dental, Optometry	$45 (nominal)	$56	$70	$88	Full charge
Chronic Care Management	$6 (nominal)	$7	$8	$9	Full charge
NOTE: 'FPG' refers to the Federal Poverty Guidelines.					

Source: Federal Register, Vol 91, No. 10, January 15, 2026 /Notices

The nominal fee does not include the cost of supplies.
All patients are ENCOURAGED to complete an application to participate in our federal grant.