Sliding Fee Discount Program

Our Primary Care Clinics offer a Sliding Fee Discount Program based solely on household income and family size. If you qualify, this program may reduce the amount you pay for healthcare services by only paying a percentage of the cost for some services. You may be eligible even if you have health insurance.

The Sliding Fee Discount Program application is available in English and Spanish at registration in each of the primary care clinics as well as our website.

All information on the application is kept confidential.

The Sliding Fee Discount Program is based on the Federal Poverty Guidelines and if your income falls within the guidelines you are encouraged to apply.

Proof of income is required to process your application. The documents listed below are acceptable proof of income.

- W-2
- Prior year Tax return
- 3 most recent pay stubs
- Bank statements showing direct deposits
- Unemployment award notice
- Social Security notice
- Child support and/or alimony
- Pension or retirement income
- Disability or workers' compensation determination letter
- Letter from employer establishing income

If you have any questions, please inquire at registration in any primary care location.

Our Locations:

Community Care Center at Titus

203 W. 20th Street, Ste. D Mt. Pleasant, TX 75455

Family Care Center - Mt. Pleasant

1610 South Jefferson Ave. Mt. Pleasant, TX 75455

Family Care Center - Harts Bluff

2320 Harts Bluff Road (FM 1402) Mt. Pleasant, TX 75455

Family Care Center - Daingerfield

1402 Linda Drive, Suite A Daingerfield, TX 75638

Family Care Center - Mt. Vernon

801 TX Hwy 37 South Mt. Vernon, TX 75457

Nephrology & Family Practice at Titus

203 West 20th Street, Ste. C Mt. Pleasant, TX 75455

To Schedule An Appointment: **903-577-CARE**



Healthier **Tomorrows** Start **HERE!**

Primary Care Sliding Fee Schedule



FamilyCare Center



A FAMILY PRACTICE atTitus≎

Sliding Fee Schedule

Our sliding Fee Discount Program is available to all patients who qualify based on their annual household income and family size even if they have insurance.

Fees, co-pays, co-insurance, and deductibles ar eligible for a sliding fee discount, inquire at check-in if you would like to apply.

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$14,580	\$18,225	\$18,954	\$19,391	\$19,683	\$20,120	\$21,870	\$25,515	\$26,244	\$26,973	\$29,160	>\$29,160
2	\$19,720	\$24,650	\$25,636	\$26,228	\$26,622	\$27,214	\$29,580	\$34,510	\$35,496	\$36,482	\$39,440	>\$39,440
3	\$24,860	\$31,075	\$32,318	\$33,064	\$33,561	\$34,307	\$37,290	\$43,505	\$44,748	\$45,991	\$49,720	>\$49,720
4	\$30,000	\$37,500	\$39,000	\$39,900	\$40,500	\$41,400	\$45,000	\$52,500	\$54,000	\$55,500	\$60,000	>\$60,000
5	\$35,140	\$43,925	\$45,682	\$46,736	\$47,439	\$48,493	\$52,710	\$61,495	\$63,252	\$65,009	\$70,280	>\$70,280
6	\$40,280	\$50,350	\$52,364	\$53,572	\$54,378	\$55 <i>,</i> 586	\$60,420	\$70,490	\$72,504	\$74,518	\$80,560	>\$80,560
7	\$45,420	\$56,775	\$59,046	\$60,409	\$61,317	\$62,680	\$68,130	\$79,485	\$81,756	\$84,027	\$90,840	>\$90,840
8	\$50 <mark>,</mark> 560	\$63,200	\$65,728	\$67,245	\$68,256	\$69,773	\$75,840	\$88,480	\$91,008	\$93,536	\$101,120	>\$101,120
For each additional person, add	\$5,140	6,425	6,682	6,836	6,939	7,093	7,710	8,995	9,252	9,509	10,280	>10,280

*Based on 2023 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia.

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)