



Interprofessional Community Clinics

Application for Reduced Fees

The Interprofessional Community Clinics serve all clients regardless of their insurance or financial class. We provide outstanding, quality-driven services, and products that are both accessible and affordable. Fees for our services are used to support and maintain the operational costs of our clinics and centers.

We can provide a sliding fee scale for our clinical services* for clients who qualify based on household size and annual gross income. Please evaluate the Sliding Fee Schedule Below, to determine if you qualify for reduced fees. If you are eligible, please complete the bottom of this form and turn it into our front office. *NOTE: our office staff are available to assist you in determining whether you are eligible for discounted services. **Your eligibility for reduced fees will be evaluated annually as the federal poverty guidelines are updated in January of each year.***

Sliding Fee Schedule for CPC

Based on 2026 Federal Poverty Guidelines

Family Size	Plan 1	Plan 2	Plan 3	Plan 4
	At or below 100%	125%	150%	175%
1	\$0 - \$15,960	\$15,061 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510
Each additional member over 8	Add \$5,680	Add \$5,680	Add \$5,680	Add \$5,680
Fee per session (1 session = 1 hr of service/therapy)	\$1	\$5	\$10	\$20

***Reduced fees may only be applied to services (not products or devices)**

Individuals will not be denied services based on ability to pay

Client Name: _____ Date of Birth: _____

Name of person completing form: _____

Relationship to client: _____ Today's Date: _____

Please circle the Plan that you qualify for based on the table provided above:

Plan 1

Plan 2

Plan 3

Plan 4

Please return this completed form to one of our team members at the front desk