



El Rio Health offers a sliding fee scale to all income-eligible, uninsured, or under-insured patients, allowing qualifying patients to receive care at a lower cost. Eligibility for the program is based on family size and annual household income. Income guidelines and acceptable verification for the Sliding Fee Discount Program may be obtained from a member of our staff.

El Rio Health - Sliding Fee Sliding Scale						
2025 Federal Poverty Guidelines Effective February 1, 2025						
Household Size	0% - 100% FPL	101% - 133% FPL	134% - 150% FPL	151%- 175% FPL	176% - 200% FPL	Over 200% FPL
Dental	\$25 nominal fee + Lab/Supply Costs	50% Discount	40% Discount	30% Discount	20% Discount	No Discount
Laboratory Fees, Retinopathy Screening, Nutrition, Primary Care Behavioral Health/BHC, Wellness	\$1	\$5	\$10	\$15	\$20	No Discount
Pharmacy Copay Discount	90-Day=\$10, 30-Day=\$5	90-Day=\$15, 30-Day=\$10	90-Day=\$16, 30-Day=\$11	90-Day=\$20, 30-Day=\$15	90-Day=\$21, 30-Day=\$16	No Discount
Medical, Specialty Behavioral Health, PharmD, Vision, Ultrasound/Specialty Radiology, Physical Therapy, etc.	Nominal Fee \$15	\$26	\$30	\$40	\$50	No Discount
1	\$ 0 - \$ 15,650	\$ 15,651 - \$ 20,814.50	\$ 20,814.51 - \$ 23,475	\$ 23,476 - \$ 27,387.50	\$ 27,387.51 - \$ 31,300	\$ 31,301 and up
2	\$ 0 - \$ 21,150	\$ 21,151 - \$ 28,129.50	\$ 28,129.51 - \$ 31,725	\$ 31,726 - \$ 37,012.50	\$ 37,012.51 - \$ 42,300	\$ 42,301 and up
3	\$ 0 - \$ 26,650	\$ 26,651 - \$ 35,444.50	\$ 35,444.51 - \$ 39,975	\$ 39,976 - \$ 46,637.50	\$ 46,637.51 - \$ 53,300	\$ 53,301 and up
4	\$ 0 - \$ 32,150	\$ 32,151 - \$ 42,759.50	\$ 42,759.51 - \$ 48,225	\$ 48,226 - \$ 56,262.50	\$ 56,262.51 - \$ 64,300	\$ 64,301 and up
5	\$ 0 - \$ 37,650	\$ 37,651 - \$ 50,074.50	\$ 50,074.51 - \$ 56,475	\$ 56,476 - \$ 65,887.50	\$ 65,887.51 - \$ 75,300	\$ 75,301 and up
6	\$ 0 - \$ 43,150	\$ 43,151 - \$ 57,389.50	\$ 57,389.51 - \$ 64,725	\$ 64,726 - \$ 75,512.50	\$ 75,512.51 - \$ 86,300	\$ 86,301 and up
7	\$ 0 - \$ 48,650	\$ 48,651 - \$ 64,704.50	\$ 64,704.51 - \$ 72,975	\$ 72,976 - \$ 85,137.50	\$ 85,137.51 - \$ 97,300	\$ 97,301 and up
8	\$ 0 - \$ 54,150	\$ 54,151 - \$ 72,019.50	\$ 72,019.51 - \$ 81,225	\$ 81,226 - \$ 94,762.50	\$ 94,762.51 - \$ 108,300	\$ 108,301 and up
Additional Persons	+ \$5,500/person	+ \$7,315/person	+ \$8,250/person	+ \$9,625/person	+ \$11,000/person	+ \$11,000/person
El Rio Health - Sliding Fee Sliding Scale						
OBGYN/Midwifery						
2025 Federal Poverty Guidelines Effective February 1, 2025						
Household Size	0% - 100% FPL	101% - 133% FPL	134% - 150% FPL	151%- 175% FPL	176% - 200% FPL	Over 200% FPL
Obstetric/Prenatal Package	\$450	\$700	\$800	\$1,000	\$1,500	No Discount
Office Procedures	\$25	\$100	\$150	\$200	\$275	No Discount
Minor Surgery Procedures	\$100	\$550	\$850	\$1,100	\$1,200	No Discount
Major Surgery Procedures	\$250	\$1,500	\$1,600	\$1,800	\$2,000	No Discount
Birth Control Devices	\$25 (\$15 Birth control shot Depo Provera)	50% Discount	40% Discount	30% Discount	20% Discount	No Discount
1	\$ 0 - \$ 15,650	\$ 15,651 - \$ 20,814.50	\$ 20,814.51 - \$ 23,475	\$ 23,476 - \$ 27,387.50	\$ 27,387.51 - \$ 31,300	\$ 31,301 and up
2	\$ 0 - \$ 21,150	\$ 21,151 - \$ 28,129.50	\$ 28,129.51 - \$ 31,725	\$ 31,726 - \$ 37,012.50	\$ 37,012.51 - \$ 42,300	\$ 42,301 and up
3	\$ 0 - \$ 26,650	\$ 26,651 - \$ 35,444.50	\$ 35,444.51 - \$ 39,975	\$ 39,976 - \$ 46,637.50	\$ 46,637.51 - \$ 53,300	\$ 53,301 and up
4	\$ 0 - \$ 32,150	\$ 32,151 - \$ 42,759.50	\$ 42,759.51 - \$ 48,225	\$ 48,226 - \$ 56,262.50	\$ 56,262.51 - \$ 64,300	\$ 64,301 and up
5	\$ 0 - \$ 37,650	\$ 37,651 - \$ 50,074.50	\$ 50,074.51 - \$ 56,475	\$ 56,476 - \$ 65,887.50	\$ 65,887.51 - \$ 75,300	\$ 75,301 and up
6	\$ 0 - \$ 43,150	\$ 43,151 - \$ 57,389.50	\$ 57,389.51 - \$ 64,725	\$ 64,726 - \$ 75,512.50	\$ 75,512.51 - \$ 86,300	\$ 86,301 and up
7	\$ 0 - \$ 48,650	\$ 48,651 - \$ 64,704.50	\$ 64,704.51 - \$ 72,975	\$ 72,976 - \$ 85,137.50	\$ 85,137.51 - \$ 97,300	\$ 97,301 and up
8	\$ 0 - \$ 54,150	\$ 54,151 - \$ 72,019.50	\$ 72,019.51 - \$ 81,225	\$ 81,226 - \$ 94,762.50	\$ 94,762.51 - \$ 108,300	\$ 108,301 and up
Additional Persons	+ \$5,500/person	+ \$7,315/person	+ \$8,250/person	+ \$9,625/person	+ \$11,000/person	+ \$11,000/person
SPECIAL IMMUNOLOGY ASSOCIATES (SIA)		Annual Caps on Charges (HRSA Ryan White)				
PAYER RYAN WHITE						
2025 Federal Poverty Guidelines						
Medical, Behavioral Health, Dental, Radiology, Lab, etc.	See Caps on Charges for 201% to 300% FPL and Over 300% FPL. If no income, collect \$0.	Federal Poverty:	Total Charge:	Annual Income (2025 FPL)	Cap:	
		At or below 100% FPL	\$0	0 to \$15,650	\$0	
		101% to 200% FPL	No more than 5% gross annual income	>\$15,650 - \$31,300	\$1,565.00	
		201% to 300% FPL	No more than 7% gross annual income	>\$30,301 - \$46,950	\$3,286.50	
		Over 300% FPL	No more than 10% gross annual income	>\$46,951	\$4,695.10	
Household Size	LESS THAN 400% FPL					
1	\$62,600					
2	\$84,600					
3	\$106,600					
4	\$128,600					
5	\$150,600					
6	\$172,600					
7	\$194,600					
8	\$216,600					