



Sliding Fee Scale -2025

BOD approval: Feb 2025 and Effective: 3/1/2025

Poverty Service Class	A	B	C	D	E - No Discount Full Charges
	<= 100% FPL	>100%-138% FPL	>138%-150% FPL	>150%-200% FPL	>200% FPL
Persons in family/household					
1	\$ - \$15,650	\$15,651 \$ 21,597	\$ 21,598 \$ 23,475	\$ 23,476 \$ 31,300	\$ 31,301 +
2	\$ - \$21,150	\$21,151 \$ 29,187	\$ 29,188 \$ 31,725	\$ 31,726 \$ 42,300	\$ 42,301 +
3	\$ - \$26,650	\$26,651 \$ 36,777	\$ 36,778 \$ 39,975	\$ 39,976 \$ 53,300	\$ 53,301 +
4	\$ - \$32,150	\$32,151 \$ 44,367	\$ 44,368 \$ 48,225	\$ 48,226 \$ 64,300	\$ 64,301 +
5	\$ - \$37,650	\$37,651 \$ 51,957	\$ 51,958 \$ 56,475	\$ 56,476 \$ 75,300	\$ 75,301 +
6	\$ - \$43,150	\$43,151 \$ 59,547	\$ 59,548 \$ 64,725	\$ 64,726 \$ 86,300	\$ 86,301 +
7	\$ - \$48,650	\$48,651 \$ 67,137	\$ 67,138 \$ 72,975	\$ 72,976 \$ 97,300	\$ 97,301 +
8 *	\$ - \$54,150	\$54,151 \$ 74,727	\$ 74,728 \$ 81,225	\$ 81,226 \$ 108,300	\$ 108,301 +

Fee Schedule	Patient Responsibility				Patient Responsibility	
Medical Visit (incl. in-house Lab's, Flu Shot, TD and PPD vaccines, EKG, Child & Adolescent Immunizations & vaccines received by KCS at no cost)**	\$30.00	\$50.00	\$70.00	\$90.00	100%	Charges
Behavioral Health: Substance Abuse Disorder Visit	\$75.00	\$95.00	\$115.00	\$135.00	100%	Charges
Behavioral Health: Mental Health Visit	\$30.00	\$50.00	\$70.00	\$90.00	100%	Charges
Specialty Services: Psychiatric Visit	\$30.00	\$50.00	\$70.00	\$90.00	100%	Charges
Complementary & Alternative Medicine: Acupuncture & Chiropractic Visit	\$30.00	\$50.00	\$70.00	\$90.00	100%	Charges
Dental Visit: Preventative & Additional***	\$40.00	\$60.00	\$80.00	\$100.00	100%	Charges
Vision Visit (does not include glasses/ lenses/contracts)	\$30.00	\$50.00	\$70.00	\$90.00	100%	Charges
	Nominal Fee	Flat Fee	Flat Fee	Flat Fee	Full Fee	

* For families/households with more than 8 persons, add \$5,500 for each additional person.

Based on FPG published Jan 15, 2025

If necessary see Minor Consent Service of the policy for services covered by Title 22 Section 51473.2 of State code.

** Includes only the send out Labs on KCS's Lab Send out Inclusion List. Includes sample and other medications provided during visit. Includes the CDC's recommended Child and Adolescent Immunizations age 18 or younger and any vaccines KCS receives for free/at no cost.

*** Includes dental x-ray performed In-house.

Patient will be notified by KCS in advance of any costs not included above in advance and prior to patient receiving the services (e.g., treatment plan, ABN, etc.), if applicable.

No one is turned away based on ability to pay. Patients who cannot pay in accordance with the sliding fee scale are to be referred to a member of the Management Team who will make arrangements for services