Metro Community
Health Center

MCHC Sliding Fee Schedule

2025 Federal Poverty Guidelines
For Mental Health, Physical Health, and Dental patient visits**

Size of Family Unit	A 100% or Less Income Per Year	B 101% to 150% Income Per Year	C 151% to 185% Income Per Year	D 186% to 200% Income Per Year	E Full Price >200%
1	$15,650	$23,475	$28,953	$31,300	$31,301
2	21,150	31,725	39,128	42,300	42,301
3	26,650	39,975	49,303	53,300	53,301
4	32,150	48,225	59,478	64,300	64,301
5	37,650	56,475	69,653	75,300	75,301
6	43,150	64,725	79,828	86,300	86,301
7	48,650	72,975	90,003	97,300	97,301
8	54,150	81,225	100,178	108,300	108,301
For each additional person add:	$5,500	$8,250	$10,175	$11,000	
Office Visit Fee Scale	***Financial Class A $0**	**Financial Class B $20**	**Financial Class C $30**	**Financial Class D $40**	**Financial Class E (Full Price)**

***Inability to pay will not be a barrier to receive care.**
Federal Poverty Guideline (FPG) last updated by Department of Health and Human Services (HHS) January 22, 2024

****Patients seeking expanded dental services may incur additional charges.**