

Waverly Health Center Clinics offer a Discounted Fee Schedule Program for patients who do not have insurance, third party insurance that does not cover or partially covers fees, and whose income is below the 200% of the Federal Poverty Level. There is a discounted/sliding fee schedule available. The amount of the fee discounted is based on your family size, income, and is determined based upon annual established Federal Poverty Level income guidelines.

A patient must fill out an application in order to access the Sliding Scale Program. According to law, two pieces of information must be obtained; the amount of money earned in the household and the number of people who live in the household. Please ask the front desk receptionist for the application.

Minimum amount due for medical services are:

- \$10 for all patients below poverty level
- \$25 for patients between 101-200% poverty level

All patients above 200% of poverty will be charged full fees for their services.

Information needed when applying for the Sliding Fee Program will be listed on the application. No one will be denied access to services due to inability to pay.

2026 HHS Poverty Guidelines

2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/ Household	Poverty Guideline	125% of Poverty Guideline (OCS/CED)	150% of Poverty Guideline (OCS/CED)	185% of Poverty Guideline (OCS/CED)	200% of Poverty Guideline (OCS/CED)
1	\$15,960	\$19,950	\$23,940	\$29,526	\$31,920
2	\$21,640	\$27,050	\$32,460	\$40,034	\$43,280
3	\$27,320	\$34,150	\$40,980	\$50,542	\$54,640
4	\$33,000	\$41,250	\$49,500	\$61,050	\$66,000
5	\$38,680	\$48,350	\$58,020	\$71,558	\$77,360
6	\$44,360	\$55,450	\$66,540	\$82,066	\$88,720
7	\$50,040	\$62,550	\$75,060	\$92,574	\$100,080
8	\$55,720	\$69,650	\$83,580	\$103,082	\$111,440
Fee	\$10.00	\$25.00	\$25.00	\$25.00	Full charge

For families/households with more than 8 persons, add \$5,680 for each additional person.

For more information see: <https://aspe.hhs.gov/poverty-guidelines>

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