

Cumberland Family Medical Center, Inc.
Sliding Fee Discount Schedule
for Medical, Behavioral Health, & Optometry Services



Annual Income Thresholds by Sliding Fee Discount Schedule Pay Class and Percent Poverty					
Household Size	Fee				
	\$15 (Nominal Fee)	\$20	\$25	\$40	100% of Charges
	Poverty Level*				
	At or Below 100%	101 - 125%	126 - 150%	151 - 200%	Above 200%
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$31,920	\$31,921+
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$43,280	\$43,281+
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$54,640	\$54,641+
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$66,000	\$66,001+
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$77,360	\$77,361+
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$88,720	\$88,721+
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$100,080	\$100,081+
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$111,440	\$111,441+
9	\$0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$122,800	\$122,801+
10	\$0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$134,160	\$134,161+
11	\$0 - \$72,760	\$72,761 - \$90,950	\$90,951 - \$109,140	\$109,141 - \$145,520	\$145,521+
12	\$0 - \$78,440	\$78,441 - \$98,050	\$98,051 - \$117,660	\$117,661 - \$156,880	\$156,881+
13	\$0 - \$84,120	\$84,121 - \$105,150	\$105,151 - \$126,180	\$126,181 - \$168,240	\$168,241+
14	\$0 - \$89,800	\$89,801 - \$112,250	\$112,251 - \$134,700	\$134,701 - \$179,600	\$179,601+
15	\$0 - \$95,480	\$95,481 - \$119,350	\$119,351 - \$143,220	\$143,221 - \$190,960	\$190,961+
For each additional person, add...	\$5,680	\$7,100	\$8,520	\$11,360	\$11,360

*Based on "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: HHS Poverty Guidelines for 2026, eff. January 15, 2026"

Discounted charge includes all services performed by the Center during visit (e.g. in-house injection or in-house lab).
 Patients may incur additional charges for supplies not incident to service (e.g. prescription drugs or third-party labs).

Cumberland Family Medical Center, Inc.
Sliding Fee Discount Schedule
for Dental Services



Annual Income Thresholds by Sliding Fee Discount Schedule Pay Class and Percent Poverty					
Household Size	Fee				
	\$40.00 (Nominal Fee)	50% of Charges	60% of Charges	70% of Charges	100% of Charges
	Poverty Level*				
	At or Below 100%	101 - 125%	126 - 150%	151 - 200%	Above 200%
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$31,920	\$31,921+
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$43,280	\$43,281+
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$54,640	\$54,641+
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$66,000	\$66,001+
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$77,360	\$77,361+
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$88,720	\$88,721+
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$100,080	\$100,081+
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$111,440	\$111,441+
9	\$0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$122,800	\$122,801+
10	\$0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$134,160	\$134,161+
11	\$0 - \$72,760	\$72,761 - \$90,950	\$90,951 - \$109,140	\$109,141 - \$145,520	\$145,521+
12	\$0 - \$78,440	\$78,441 - \$98,050	\$98,051 - \$117,660	\$117,661 - \$156,880	\$156,881+
13	\$0 - \$84,120	\$84,121 - \$105,150	\$105,151 - \$126,180	\$126,181 - \$168,240	\$168,241+
14	\$0 - \$89,800	\$89,801 - \$112,250	\$112,251 - \$134,700	\$134,701 - \$179,600	\$179,601+
15	\$0 - \$95,480	\$95,481 - \$119,350	\$119,351 - \$143,220	\$143,221 - \$190,960	\$190,961+
For each additional person, add...	\$5,680	\$7,100	\$8,520	\$11,360	\$11,360

*Based on "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: HHS Poverty Guidelines for 2026, eff. January 15, 2026"

Discounted charge includes all services performed by the Center during visit (e.g. in-house injection or in-house lab).
 Patients may incur additional charges for supplies not incident to service (e.g. prescription drugs, dentures, or third-party labs).

Cumberland Family Medical Center, Inc.

Escala De Tarifas Ajustables

Para Servicios de Salud Médica, del Comportamiento, y de Optometría



Umbrales De Ingresos Anuales Por Horario De Escala De Tarifas Ajustables Clase De Pago Y Porcentaje De Pobreza					
Tamaño del Hogar	Tarifa				
	\$15 (Tarifa Nominal)	\$20	\$25	\$40	100% de los Cargos
	Nivel de Pobreza*				
	En o Por Debajo 100%	101 - 125%	126 - 150%	151 - 200%	Por Encima de 200%
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$31,920	\$31,921+
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$43,280	\$43,281+
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$54,640	\$54,641+
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$66,000	\$66,001+
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$77,360	\$77,361+
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$88,720	\$88,721+
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$100,080	\$100,081+
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$111,440	\$111,441+
9	\$0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$122,800	\$122,801+
10	\$0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$134,160	\$134,161+
11	\$0 - \$72,760	\$72,761 - \$90,950	\$90,951 - \$109,140	\$109,141 - \$145,520	\$145,521+
12	\$0 - \$78,440	\$78,441 - \$98,050	\$98,051 - \$117,660	\$117,661 - \$156,880	\$156,881+
13	\$0 - \$84,120	\$84,121 - \$105,150	\$105,151 - \$126,180	\$126,181 - \$168,240	\$168,241+
14	\$0 - \$89,800	\$89,801 - \$112,250	\$112,251 - \$134,700	\$134,701 - \$179,600	\$179,601+
15	\$0 - \$95,480	\$95,481 - \$119,350	\$119,351 - \$143,220	\$143,221 - \$190,960	\$190,961+
Por cada persona adicional, agregue...	\$5,680	\$7,100	\$8,520	\$11,360	\$11,360

* Basado en "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: HHS Poverty Guidelines for 2026, eff. January 15, 2026"

El cargo con descuento incluye todos los servicios realizados por el Centro durante la visita (por ejemplo, inyección in-house o laboratorio in-house). Los pacientes pueden incurrir en cargos adicionales por suministros no relacionados con el servicio (por ejemplo, medicamentos recetados o laboratorios de terceros).

Cumberland Family Medical Center, Inc.
Escala De Tarifas Ajustables
Para Servicios De Servicios Dentales



Umbrales De Ingresos Anuales Por Horario De Escala De Tarifas Ajustables Clase De Pago Y Porcentaje De Pobreza					
Tamaño del Hogar	Tarifa				
	\$40.00 (Tarifa Nominal)	50% de los Cargos	60% de los Cargos	70% de los Cargos	100% de los Cargos
	Nivel de Pobreza*				
	En o Por Debajo 100%	101 - 125%	126 - 150%	151 - 200%	Por Encima de 200%
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$31,920	\$31,921+
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3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$54,640	\$54,641+
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$66,000	\$66,001+
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$77,360	\$77,361+
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$88,720	\$88,721+
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8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$111,440	\$111,441+
9	\$0 - \$61,400	\$61,401 - \$76,750	\$76,751 - \$92,100	\$92,101 - \$122,800	\$122,801+
10	\$0 - \$67,080	\$67,081 - \$83,850	\$83,851 - \$100,620	\$100,621 - \$134,160	\$134,161+
11	\$0 - \$72,760	\$72,761 - \$90,950	\$90,951 - \$109,140	\$109,141 - \$145,520	\$145,521+
12	\$0 - \$78,440	\$78,441 - \$98,050	\$98,051 - \$117,660	\$117,661 - \$156,880	\$156,881+
13	\$0 - \$84,120	\$84,121 - \$105,150	\$105,151 - \$126,180	\$126,181 - \$168,240	\$168,241+
14	\$0 - \$89,800	\$89,801 - \$112,250	\$112,251 - \$134,700	\$134,701 - \$179,600	\$179,601+
15	\$0 - \$95,480	\$95,481 - \$119,350	\$119,351 - \$143,220	\$143,221 - \$190,960	\$190,961+
Por cada persona adicional, agregue...	\$5,500	\$6,875	\$8,250	\$11,000	\$11,000

*Basado en "U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Federal Programs: HHS Poverty Guidelines for 2026, eff. January 15, 2026"

El cargo con descuento incluye todos los servicios realizados por el Centro durante la visita (por ejemplo, inyección in-house o laboratorio in-house). Los pacientes pueden incurrir en cargos adicionales por suministros no relacionados con el servicio (por ejemplo, medicamentos recetados o laboratorios de terceros).