

# MEDICAL SERVICES 2025 Notice to All Patients of Friends of Sunshine Pediatric and Family Clinic

As a Rural Health Center, we do not refuse to provide health care services to any individuals because of inability to pay. Discounts for essential services are offered dependent upon family size & income as determined by a discounted Sliding Fee Schedule (below). You may apply for a discount at the front desk or call (337) 332-3971.

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 per additional person	

Medical Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Amount	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00

Sliding Fee Schedule of Discounts is based on 2025 Federal Poverty Level (FPL).

# BEHAVIORAL HEALTH SERVICES 2025 Notice to All Patients of Friends of Sunshine Pediatric and Family Clinic

As a Rural Health Center, we do not refuse to provide health care services to any individuals because of inability to pay. Discounts for essential services are offered dependent upon family size & income as determined by a discounted Sliding Fee Schedule (below). You may apply for a discount at the front desk or call (337) 332-3971.

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 per additional person	

Behavioral Health Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Individual Therapy	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00
Group Therapy	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00

Sliding Fee Schedule of discounts is based on 2025 Federal Poverty Level (FPL).

# SERVICIOS MEDICOS 2025 Aviso para todos los pacientes de Friends of Sunshine Pediatric and Family Clinic

Como Centro de Salud Rural, no le negamos los servicios de salud a ningún individuo por no tener los medios económicos para pagar. Se ofrecen descuentos para servicios esenciales bajo el programa de tarifas reducidas y es calculado según el tamaño y los ingresos de la familia.

Usted puede aplicar para un descuento en la recepción o llamando al (337) 332-3971.

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 per additional person	

Medical Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Amount	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00

Los descuentos del programa de tarifas reducidas se basa en los niveles federales de pobreza- 2025 establecido de acuerdo a los ingresos mensuales y tamaño familiar.

# SERVICIOS DE SALUD DEL COMPORTAMIENTO 2025 Aviso para todos los pacientes de Friends of Sunshine Pediatric and Family Clinic

Como Centro de Salud Rural, no le negamos los servicios de salud a ningún individuo por no tener los medios económicos para pagar. Se ofrecen descuentos para servicios esenciales bajo el programa de tarifas reducidas y es calculado según el tamaño y los ingresos de la familia.

Usted puede aplicar para un descuento en la recepción o llamando al (337) 332-3971.

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 per additional person	

Behavioral Health Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Individual Therapy	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$182.00
Group Therapy	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00

Los descuentos del programa de tarifas reducidas se basa en los niveles federales de pobreza- establecido de acuerdo a los ingresos mensuales y tamaño familiar.