

Sliding Fee Schedule

Mercy Financial Assistance Guidelines

Based on 2026 Federal Poverty Income Guidelines

Family Size				1	2	3	4	5	6	7	8	9	10
Level	% of Poverty Level	Hospital Discount	Physician Discount	Range	Range	Range	Range	Range	Range	Range	Range	Range	Range
I	0 - 200%	100%	100%	\$0.00 - \$31,920	\$0.00 - \$43,280	\$0.00 - \$54,640	\$0.00 - \$66,000	\$0.00 - \$77,360	\$0.00 - \$88,720	\$0.00 - \$100,080	\$0.00 - \$111,440	\$0.00 - \$122,800	\$0.00 - \$134,160
II	201% - 300%	80%	70%	\$31,921 - \$47,880	\$43,281 - \$64,920	\$54,641 - \$81,960	\$66,001 - \$99,000	\$77,361 - \$116,040	\$88,721 - \$133,080	\$100,081 - \$150,120	\$111,441 - \$167,160	\$122,801 - \$184,200	\$134,161 - \$201,240

For family units with more than 10 persons, add \$5,680 to household income range for each additional person. *Effective 02.01.2026

Pautas de Caridad de Servicios de Hospital

Basadas en las Pautas de Ingresos de Pobreza 2026

Tamaño de la Familia				1	2	3	4	5	6	7	8	9	10
Nivel	% del Nivel de Pobreza	Descuento Hospitalario	Descuento Médico	Rango	Rango	Rango	Rango	Rango	Rango	Rango	Rango	Rango	Rango
I	0 - 200%	100%	100%	\$0.00 - \$31,920	\$0.00 - \$43,280	\$0.00 - \$54,640	\$0.00 - \$66,000	\$0.00 - \$77,360	\$0.00 - \$88,720	\$0.00 - \$100,080	\$0.00 - \$111,440	\$0.00 - \$122,800	\$0.00 - \$134,160
II	201% - 300%	80%	70%	\$31,921 - \$47,880	\$43,281 - \$64,920	\$54,641 - \$81,960	\$66,001 - \$99,000	\$77,361 - \$116,040	\$88,721 - \$133,080	\$100,081 - \$150,120	\$111,441 - \$167,160	\$122,801 - \$184,200	\$134,161 - \$201,240

Para familias de mas de 10 personas, sume \$5,680 al rango del ingreso del hogar por cada persona. *Efectivo 02.01.2026

As an NHSC site, we promise to:

Serve all patients, offer discounted fees for patients who qualify, accept insurance, including Medicare, Medicaid, and CHIP, and not deny services based on a person's race, color, sex, age, national origin, disability, religion, gender identity, sexual orientation or inability to pay.



THE FUTURE OF HEALTH CARE IS HERE