

**SEMHC SFDS Based on 2025 Federal Poverty Guidelines**

Sandra Eskenazi Mental Health Center							
Charges are based upon number of household dependents and household income							
PLAN A (Nominal Fee): Family/Household with Income between 0 - 100% of Federal Poverty Level							
Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Nominal Fee		
1	\$0.00	\$15,650.00	\$0.00	\$601.92	\$5	\$0	\$0
2	\$0.00	\$21,150.00	\$0.00	\$813.46	\$5	\$0	\$0
3	\$0.00	\$26,650.00	\$0.00	\$1,025.00	\$5	\$0	\$0
4	\$0.00	\$32,150.00	\$0.00	\$1,236.54	\$5	\$0	\$0
5	\$0.00	\$37,650.00	\$0.00	\$1,448.08	\$5	\$0	\$0
6	\$0.00	\$43,150.00	\$0.00	\$1,659.62	\$5	\$0	\$0
7	\$0.00	\$48,650.00	\$0.00	\$1,871.15	\$5	\$0	\$0
8	\$0.00	\$54,150.00	\$0.00	\$2,082.69	\$5	\$0	\$0
additional person.							

PLAN H (Nominal Fee): Family/Household with Income between 0 - 100% of Federal Poverty Level							
*** Requires validation documents to demonstrate homelessness***							
Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Nominal Fee		
1	\$0.00	\$15,650.00	\$0.00	\$601.92	\$0	\$0	\$0
2	\$0.00	\$21,150.00	\$0.00	\$813.46	\$0	\$0	\$0
3	\$0.00	\$26,650.00	\$0.00	\$1,025.00	\$0	\$0	\$0
4	\$0.00	\$32,150.00	\$0.00	\$1,236.54	\$0	\$0	\$0
5	\$0.00	\$37,650.00	\$0.00	\$1,448.08	\$0	\$0	\$0
6	\$0.00	\$43,150.00	\$0.00	\$1,659.62	\$0	\$0	\$0
7	\$0.00	\$48,650.00	\$0.00	\$1,871.15	\$0	\$0	\$0
8	\$0.00	\$54,150.00	\$0.00	\$2,082.69	\$0	\$0	\$0
additional person.							

PLAN B: Family/Household with Income between 101% - 138% of Federal Poverty Level							
Family Size	Annual Family Income		Bi-Weekly Family Income		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Patient responsibility at Time of Visit		
1	\$15,650.01	\$21,597.00	\$601.92	\$830.65	\$15	\$5	\$35
2	\$21,150.01	\$29,187.00	\$813.46	\$1,122.58	\$15	\$5	\$35
3	\$26,650.01	\$36,777.00	\$1,025.00	\$1,414.50	\$15	\$5	\$35
4	\$32,150.01	\$44,367.00	\$1,236.54	\$1,706.42	\$15	\$5	\$35
5	\$37,650.01	\$51,957.00	\$1,448.08	\$1,998.35	\$15	\$5	\$35
6	\$43,150.01	\$59,547.00	\$1,659.62	\$2,290.27	\$15	\$5	\$35
7	\$48,650.01	\$67,137.00	\$1,871.15	\$2,582.19	\$15	\$5	\$35
8	\$54,150.01	\$74,727.00	\$2,082.69	\$2,874.12	\$15	\$5	\$35
For families/households with more than 8 members, add \$6,513.60 to the dollar value in the "To" column for each							

PLAN C: Family/Household with Income between 139% - 175% of Federal Poverty Level							
Family Size	Annual Family Income		Bi-Weekly Family Income		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	Patient responsibility at Time of Visit		
1	\$21,597.01	\$27,388.00	\$830.65	\$1,053.38	\$25		\$10 \$35

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2	\$29,187.01	\$37,013.00	\$1,122.58	\$1,423.58	\$25	\$10	\$35
3	\$36,777.01	\$46,638.00	\$1,414.50	\$1,793.77	\$25	\$10	\$35
4	\$44,367.01	\$56,263.00	\$1,706.42	\$2,163.96	\$25	\$10	\$35
5	\$51,957.01	\$65,888.00	\$1,998.35	\$2,534.15	\$25	\$10	\$35
6	\$59,547.01	\$75,513.00	\$2,290.27	\$2,904.35	\$25	\$10	\$35
7	\$67,137.01	\$85,138.00	\$2,582.19	\$3,274.54	\$25	\$10	\$35
8	\$74,727.01	\$94,763.00	\$2,874.12	\$3,644.73	\$25	\$10	\$35
For families/households with more than 8 members, add \$8,260.00 to the dollar value in the "To" column for each							

<b>PLAN D: Family/Household with Income between 176% - 200% of Federal Poverty Level</b>							
Family Size	Annual Family Income		Bi-Weekly Family Income		Mental Health and Substance	Nurse Charge per Visit	Laboratory
	From	To	From	To	<b>Patient responsibility at Time of Visit</b>		
1	\$27,388.01	\$31,300.00	\$1,053.39	\$1,203.85	\$35	\$15	\$35
2	\$37,013.01	\$42,300.00	\$1,423.58	\$1,626.92	\$35	\$15	\$35
3	\$46,638.01	\$53,300.00	\$1,793.77	\$2,050.00	\$35	\$15	\$35
4	\$56,263.01	\$64,300.00	\$2,163.96	\$2,473.08	\$35	\$15	\$35
5	\$65,888.01	\$75,300.00	\$2,534.15	\$2,896.15	\$35	\$15	\$35
6	\$75,513.01	\$86,300.00	\$2,904.35	\$3,319.23	\$35	\$15	\$35
7	\$85,138.01	\$97,300.00	\$3,274.54	\$3,742.31	\$35	\$15	\$35
8	\$94,763.01	\$108,300.00	\$3,644.73	\$4,165.38	\$35	\$15	\$35
additional person.							

FULL PAY PATIENTS: Family/Household with Income above 200% of Federal Poverty Level					
Full pay patients should be prepared to pay a deposit (see amount below) toward their visit charges each time they present for services.					
Mental Health and Substance	Full pay patients should be prepared to pay a \$50 Deposit. Patient will be billed for remaining balance of charges.	Nurse Only	Full pay patients should be prepared to pay a \$20 Deposit. Patient will be billed for remaining balance of charges.	Laboratory	Full pay patients should be prepared to pay a \$35 Deposit. Patient will be billed for remaining balance of charges.
Insured patients below 200% of the Federal Poverty Level should be prepared to pay the lesser of the insurance copay or applicable SFDS pay					
Some services offered in our building are provided by an outpatient department of the SIDNEY & LOIS ESKENAZI HOSPITAL. For these provider based services you will receive two bills, one for the services provided by the medical professional staff and a second bill for the facility services. You may be responsible for two copayment amounts. Some of the hospital outpatient services include, but are not limited to: Laboratory Services - when a sample is sent to an outside lab, including the SIDNEY & LOIS ESKENAZI HOSPITAL. Non MRO Services- Individual, group, family and medication management					