

EHC SFDS Based on 2026 Federal Poverty Guidelines

Eskenazi Health Center a Federally Qualified Health Center

Charges are based upon number of household dependents and household income. No one will be turned away for their inability to pay.

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)		Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit	Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants)	Dental Restorative/Other Dental (excluded prosthetics/Labs)	Prenatal Charge per Visit	Nurse Charge per Visit	Laboratory & **Imaging Services total lab charges
	From	To	From	To						
	Nominal Fee									
1	\$0.00	\$15,960.00	\$0.00	\$613.85	\$5	\$35	\$35	\$0	\$0	\$20
2	\$0.00	\$21,640.00	\$0.00	\$832.31	\$5	\$35	\$35	\$0	\$0	\$20
3	\$0.00	\$27,320.00	\$0.00	\$1,050.77	\$5	\$35	\$35	\$0	\$0	\$20
4	\$0.00	\$33,000.00	\$0.00	\$1,269.23	\$5	\$35	\$35	\$0	\$0	\$20
5	\$0.00	\$38,680.00	\$0.00	\$1,487.69	\$5	\$35	\$35	\$0	\$0	\$20
6	\$0.00	\$44,360.00	\$0.00	\$1,706.15	\$5	\$35	\$35	\$0	\$0	\$20
7	\$0.00	\$50,040.00	\$0.00	\$1,924.62	\$5	\$35	\$35	\$0	\$0	\$20
8	\$0.00	\$55,720.00	\$0.00	\$2,143.08	\$5	\$35	\$35	\$0	\$0	\$20

For families/households with more than 8 members, add \$5,680.00 to the dollar value in the "To" column for each each additional person.

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PLAN H (Homeless): 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)		Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit	Dental Diagnostic and Preventive (exam, regular cleanings, X- rays, sealants)	Dental Restorative/Other Dental (excluded prosthetics/Labs)	Prenatal Charge per Visit	Nurse Charge per Visit	Laboratory & **Imaging Services total lab charges
	From	To	From	To						
1	\$0.00	\$15,960.00	\$0.00	\$613.85	\$0	\$15	\$15	\$0	\$0	\$0
2	\$0.00	\$21,640.00	\$0.00	\$832.31	\$0	\$15	\$15	\$0	\$0	\$0
3	\$0.00	\$27,320.00	\$0.00	\$1,050.77	\$0	\$15	\$15	\$0	\$0	\$0
4	\$0.00	\$33,000.00	\$0.00	\$1,269.23	\$0	\$15	\$15	\$0	\$0	\$0
5	\$0.00	\$38,680.00	\$0.00	\$1,487.69	\$0	\$15	\$15	\$0	\$0	\$0
6	\$0.00	\$44,360.00	\$0.00	\$1,706.15	\$0	\$15	\$15	\$0	\$0	\$0
7	\$0.00	\$50,040.00	\$0.00	\$1,924.62	\$0	\$15	\$15	\$0	\$0	\$0
8	\$0.00	\$55,720.00	\$0.00	\$2,143.08	\$0	\$15	\$15	\$0	\$0	\$0

For families/households with more than 8 members, add \$5,680.00 to the dollar value in the "To" column for each additional person.

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PLAN B: Family/Household with Income between 101% - 138% of Federal Poverty Level										
Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit	Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants)	Dental Restorative/Other Dental (excluded prosthetics/Labs)	Prenatal Charge per Visit	Nurse Charge per Visit*	Laboratory & **Imaging Services total lab charges
	From	To	From	To	Patient Responsibility at Time of Visit					Patient Responsibility but Not at Time of Visit
1	\$15,960.01	\$22,025.00	\$613.85	\$847.12	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
2	\$21,640.01	\$29,863.00	\$832.31	\$1,148.58	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
3	\$27,320.01	\$37,702.00	\$1,050.77	\$1,450.08	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
4	\$33,000.01	\$45,540.00	\$1,269.23	\$1,751.54	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
5	\$38,680.01	\$53,378.00	\$1,487.69	\$2,053.00	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
6	\$44,360.01	\$61,217.00	\$1,706.15	\$2,354.50	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
7	\$50,040.01	\$69,055.00	\$1,924.62	\$2,655.96	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40
8	\$55,720.01	\$76,894.00	\$2,143.08	\$2,957.46	\$20	\$45	75% Discount + Lab Charges	\$10	\$10	\$40

For families/households with more than 8 members, add \$7,838.40 to the dollar value in the "To" column for each additional person.

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PLAN C: Family/Household with Income between 139% - 175% of Federal Poverty Level

Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit	Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants)	Dental Restorative/Other Dental (excluded prosthetics/Labs)	Prenatal Charge per Visit	Nurse Charge per Visit*	Laboratory & **Imaging Services total lab charges
	From	To	From	To	Patient Responsibility at Time of Visit					Patient Responsibility but Not at Time of Visit
1	\$22,025.01	\$27,930.00	\$847.12	\$1,074.23	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
2	\$29,863.01	\$37,870.00	\$1,148.58	\$1,456.54	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
3	\$37,702.01	\$47,810.00	\$1,450.08	\$1,838.85	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
4	\$45,540.01	\$57,750.00	\$1,751.54	\$2,221.15	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
5	\$53,378.01	\$67,690.00	\$2,053.00	\$2,603.46	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
6	\$61,217.01	\$77,630.00	\$2,354.50	\$2,985.77	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
7	\$69,055.01	\$87,570.00	\$2,655.96	\$3,368.08	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40
8	\$76,894.01	\$97,510.00	\$2,957.46	\$3,750.38	\$30	\$50	50% Discount + Lab Charge	\$15	\$15	\$40

For families/households with more than 8 members, add \$9,940.00 to the dollar value in the "To" column for each additional person.

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PLAN D: Family/Household with Income between 176% - 200% of Federal Poverty Level

Family Size	Annual Family Income		Bi-Weekly Family Income (every-other week)		Primary Care, Mental Health/SUD, Podiatry, Optometry, and Chiropractic Charge per Visit	Dental Diagnostic and Preventive (exam, regular cleanings, X-rays, sealants)	Dental Restorative/Other Dental (excluded prosthetics/Labs)	Prenatal Charge per Visit	Nurse Charge per Visit*	Laboratory & **Imaging Services total lab charges
	From	To	From	To						
1	\$27,930.01	\$31,920.00	\$1,074.23	\$1,227.69	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
2	\$37,870.01	\$43,280.00	\$1,456.54	\$1,664.62	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
3	\$47,810.01	\$54,640.00	\$1,838.85	\$2,101.54	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
4	\$57,750.01	\$66,000.00	\$2,221.15	\$2,538.46	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
5	\$67,690.01	\$77,360.00	\$2,603.46	\$2,975.38	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
6	\$77,630.01	\$88,720.00	\$2,985.77	\$3,412.31	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
7	\$87,570.01	\$100,080.00	\$3,368.08	\$3,849.23	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40
8	\$97,510.01	\$111,440.00	\$3,750.39	\$4,286.15	\$40	\$60	25% Discount + Lab Charge	\$20	\$20	\$40

For families/households with more than 8 members, add \$11,360.00 to the dollar value in the "To" column for each additional person.

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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.

Primary Care, Mental Health, SUD, Podiatry, Optometry and Dental Services	Full pay patients should be prepared to pay a \$50 deposit. Patient will be billed for remaining balance of charges.	Prenatal Care	Full pay patients should be prepared to pay a \$30 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.
Insured patients below 200% of the Federal Poverty Level should be prepared to pay the lesser of the insurance copay or applicable SFDS pay class. Copay information is frequently found on the front or the back of the patient's insurance card.					

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Some services offered in other areas of 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.

Rehabilitation Services (Physical Therapy, Speech Therapy or Occupational Therapy)

Imaging Services: Advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are considered specialty services.

*** Self-administered medication observation nurse visits are exempt from any patient responsibility charges.**

****Imaging services eligible for the sliding fee schedule include: plain medical films, basic gynecological ultrasounds, basic obstetrical ultrasounds, and screening mammography.**

Some services that are offered in our building are provided by other departments or grantees of HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY. You may receive a bill from the provider of those services and/or the Marion County Public Health Department. These include but are not limited to:

Dental Services at Blackburn, Grande and Pecar

W.I.C. (Women, Infant & Children) Services

Patients who qualify for the sliding fee schedule are also eligible for a discount on medications at Eskenazi Health pharmacies. To learn more about this opportunity, please speak to one of the Eskenazi Health pharmacists.

Dental diagnostic and preventative procedures include: exams, regular cleanings, x-rays and sealants.

Dental restorative/other dental services include: fillings, simple extractions, surgical extractions and deep cleaning (SRP)

Labs are not included and patient will be responsible for these costs including dentures, crowns or partials.