

Health Partnership Clinic, Inc

Sliding Fee Discount Schedule 2026

Based on 2026 Federal Poverty Guidelines

Eff: 02/1/2026

	A - Nominal	B	C	D
	At or below 100%	101% - 133%	134% - 166%	167% - 200%

MEDICAL SERVICES				
Visit Type	A - Nominal	B	C	D
Lab or Nurse Visit	\$10	\$15	\$20	\$25
Office Visit	\$35	\$50	\$70	\$90
Procedure	\$65	\$95	\$135	\$175
	<i>Based upon service provided, may require additional office visit fee.</i>			
Vaccines and Injections	Drug Cost	Drug Cost	Drug Cost	Drug Cost
Birth Control Devices:				
<i>Procedure Cost</i>	\$65 +	\$95 +	\$135 +	\$175 +
<i>IUD or Implant</i>	Drug Cost	Drug Cost	Drug Cost	Drug Cost

BEHAVIORAL HEALTH OR SUD SERVICES				
Visit Type	A - Nominal	B	C	D
Lab or Nurse Visit	\$10	\$15	\$20	\$25
Office Visit	\$35	\$50	\$70	\$90
<i>Psychiatric NP or MAT Visit</i>				
Individual Session	\$25	\$40	\$55	\$70
SUD Group Session	\$20	\$30	\$45	\$55
DUI Assessment	\$150 - Fee Set by State of Kansas			

DENTAL SERVICES				
Visit Type	A - Nominal	B	C	D
Preventative Services	\$60	\$75	\$90	\$110
Restorative & Major Services	\$120 + Lab Costs*	30% Chgs	45% Chgs	55% Chgs
Dentures <i>Upper or lower, full set x 2</i>	\$675	\$750	\$825	\$900

*Including but not limited to, crowns and bridges.