Logan Pediatrics, Inc. 2026 Sliding Fee Schedule

Federal Poverty Level: (Annual Income)	At or below 100%	101-125%	126-150%	151-200%	Above 200%
Family Size					
1	$15,960	$19,950	$23,940	$31,920	$31,921+
2	$21,640	$27,050	$32,460	$43,280	$43,281+
3	$27,320	$34,150	$40,980	$54,640	$54,641+
4	$33,000	$41,250	$49,500	$66,000	$66,001+
5	$38,680	$48,350	$58,020	$77,360	$77,361+
6	$44,360	$55,450	$66,540	$88,720	$88,721+
7	$50,040	$62,550	$75,060	$100,080	$100,081+
8	$55,720	$69,650	$83,580	$111,440	$111,441+
Each additional person, add:	$5,680	$7,100	$8,520	$11,360	$11,361+
Patient Payment Responsibility:	**Nominal fee: $10**	**25%**	**50%**	**75%**	**100%**

Patients who have applied and qualified for the Sliding Fee Schedule will be charged a percentage of the base service fee (below) based on family size and income level according to the 2026 Federal Poverty Guidelines (above). Patients who have not applied or who do not qualify for the Sliding Fee Schedule and are self-pay will be charged the base fee for each service.

Base Service Fees

Office Visit: $45

+ Nasopharyngeal or oropharyngeal swab (i.e. COVID-19, Influenza, RSV, Mono, Strep): $25 each

+ POCT Tests (i.e. urinalysis; urine hcg; random hemoglobin, lead, lipid, total cholesterol, or glucose): $15 each

Well Child Visit (vision and OAE only): $80

Well Child Visit (vision, OAE, immunizations, and routine screenings (i.e. hemoglobin, lead, lipid, total cholesterol): $100

Sports Physical: $25

Labs: $10

Ear Piercing: $25 (not applicable to Sliding Fee schedule)

Logan Pediatrics Sliding Fee Policy

PURPOSE

The purpose of this policy and program is to offer significant discounts to individuals and families who qualify on the basis of limited income and/or family size. Logan Pediatrics strives to ensure that quality healthcare is readily accessible to everyone & serves patients regardless of their ability to pay. This policy is uniformly applicable to all patients, and all services are covered under this policy.

DETERMINING SLIDING FEE PROGRAM ELIGIBILITY

Logan Pediatrics' Sliding Fee Policy & Discount program uses the most current Federal Poverty Level guidelines when reviewing applications of individuals at or below 200% of the FPL (Federal Poverty Level). Determination is based upon family income (adjusted by family size) with appropriate supporting documentation provided by the patient. Sliding fee discounts are available to all individuals and families with annual incomes at or below 200% FPL. Patients above 200% of the FPL are not eligible to receive sliding fee discounts. All documentation provided in the application process must be legible. After 30 days, incomplete applications expire & discounts will be removed.

ELIGIBILITY FOR PATIENTS WITH OTHER INSURANCE

Logan Pediatrics' Sliding Fee Policy & Discount program do not exclude patients who currently have healthcare coverage. Patients who meet the guidelines within this policy and have commercial insurance may be eligible. The patient's primary insurance will be billed and any sliding fee discounts (as covered in this policy) will be applied to the patient balances after the primary insurance has processed the claim.

APPLYING FOR THE SLIDING FEE DISCOUNT PROGRAM

Logan Pediatrics' Sliding Fee Policy & Discount program guidelines are available for patients to review at all Logan Pediatrics sites. It is the policy of Logan Pediatrics to make Sliding Fee Discount program applications available at any Logan Pediatrics site or online for patients to download/print. If approved, discounts remain & apply for one year.

Listed below are some examples of income that may be counted to determine eligibility:

- Gross wages
- Pensions
- Tips
- Alimony
- Social Security
- Military payments
- Social Security Disability
- Child support
- Veteran's benefits
- Unemployment
- Spouse's income if living with the individual
- Public Aid

INABILITY TO PAY NOMINAL FEE

Logan Pediatrics Sliding Fee Policy & Discount program require nominal payments be made upon the time of service. Nominal fees are determined to be nominal from the patient's perspective based, for example, on patient survey and focus group results. Nominal fees are not reflective of the cost of services provided. Patients unable to pay the nominal fee at the time of service will be responsible for satisfying this obligation timely, as per billing policies. If the patient does not make an effort to pay within 90 days, or contact the Billing Department to set up a formal payment plan arrangement, it is the policy of Logan Pediatrics to refer the account/unpaid balance to collections. It is the policy of Logan Pediatrics to require nominal fees/discounted charges be paid for services listed to help cover the cost of materials/products purchased by Logan Pediatrics to perform the service, and may result in rescheduled appointments that fall under this category until the nominal fee/discounted charge can be paid.

TYPES OF APPROVED INCOME VERIFICATION

• W-2 • Pensions • 1 unemployment stub • Government assistance statement • Alimony • Denials from other assistance

NOTIFICATION OF PROGRAM APPROVAL OR DENIAL

Once eligibility is reviewed, the patient will receive a letter notifying them of approval or denial which is valid for one calendar year. Patients will receive a letter one month prior to the end of the one-year period to outline the next steps for renewal/re-evaluation. Failure to supply eligibility documentation or falsifying information provided on an application will result in automatic program ineligibility. Patients who are not in the discount program who verbally express a refusal to pay or leave the health center without paying for services will be provided with a Sliding Fee discount program application. If a patient does not make an effort to apply for the program or pay their full balance within 90 days (which can include a formal payment plan arrangement), this constitutes as refusal to pay. Logan Pediatrics will then refer the patient to collections, as per the billing policies.

DEFINITIONS

FAMILY SIZE: Taxpayer (includes married taxpayers filing jointly) and all claimed tax dependents [per *The Marketplace (healthcare.gov)*]

FAMILY INCOME: Includes the gross incomes of all persons included in the Family Size (i.e. head of household, spouse, and dependents)

GROSS INCOME: Gross wages and salary, pensions, government payments, social security, sale of goods, and value of bartered services

NOMINAL FEE: The payment amount expected at the time services are provided

FOR ADDITIONAL INFORMATION

For additional information, including how to receive assistance completing this application, please contact Logan Pediatrics at 304-831-0073 (Logan office) or 304-855-4544 (Chapmanville office).

Effective June 2025