



5815 Broadway • Great Bend, KS 67530
 800-875-2544 • 620-792-2544 • 620-792-7052 (fax)

SLIDING FEE SCALE

(Effective 2/1/2026)

Federal Poverty Level %	Family Size / Gross Annual Household Income						Patient Responsibility	
	1	2	3	4	5	6	OP/Med/SUD	Other Programs
<=100%	\$0-\$15,960	\$0-\$21,640	\$0-\$27,320	\$0-\$33,000	\$0-\$38,680	\$0-\$44,360	0%	0%
101% - 125%	\$15,961-\$19,950	\$21,641-\$27,050	\$27,321-\$34,150	\$33,001-\$41,250	\$38,681-\$48,350	\$44,361-\$55,450	10 %	10 %
126% - 150%	\$19,951-\$23,940	\$27,051-\$32,460	\$34,151-\$40,980	\$41,251-\$49,500	\$48,351-\$58,020	\$55,451-\$66,540	20 %	10 %
151% - 175%	\$23,941-\$27,930	\$32,461-\$37,870	\$40,981-\$47,810	\$49,501-\$57,750	\$58,021-\$67,690	\$66,541-\$77,630	30 %	10 %
176% - 200%	\$27,931-\$31,920	\$37,871-\$43,280	\$47,811-\$54,640	\$57,751-\$66,000	\$67,691-\$77,360	\$77,631-\$88,720	40 %	10 %
201% - 225%	\$31,921-\$35,910	\$43,281-\$48,690	\$54,641-\$61,470	\$66,001-\$74,250	\$77,361-\$87,030	\$88,721-\$99,810	50 %	10 %
226% - 250%	\$35,911-\$39,900	\$48,691-\$54,100	\$61,471-\$68,300	\$74,251-\$82,500	\$87,031-\$96,700	\$99,811-\$110,900	60 %	15 %
251% - 300%	\$39,901-\$47,880	\$54,101-\$64,920	\$68,301-\$81,960	\$82,501-\$99,000	\$96,701-\$116,040	\$110,901-\$133,080	70 %	15 %
300% - 350%	\$47,881-\$55,860	\$64,921-\$75,740	\$81,961-\$95,620	\$99,001-\$115,500	\$116,041-\$135,380	\$133,081-\$155,260	80 %	15 %
351% - 400%	\$55,861-\$63,840	\$75,741-\$86,560	\$95,621-\$109,280	\$115,501-\$132,000	\$135,381-\$154,720	\$155,261-\$177,440	90 %	15 %
>400%	\$63,841 and up	\$86,561 and up	\$109,281 and up	\$132,001 and up	\$154,721 and up	\$177,441 and up	100 %	15 %

The Center for Counseling & Consultation will not refuse services due to inability to pay. Please complete the sliding fee application and provide proof of income. We will be happy to work out a payment plan that is affordable for you.



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ESCALA MÓVIL DE TARIFAS

(En vigor a partir del 2/1/2026)

% del nivel federal de pobreza (FPL)	Tamaño de la familia/Ingreso bruto anual del hogar						Responsabilidad del paciente	
	1	2	3	4	5	6	OP/Med/SUD	otros programas
<=100%	\$0-\$15,960	\$0-\$21,640	\$0-\$27,320	\$0-\$33,000	\$0-\$38,680	\$0-\$44,360	0%	0%
101% - 125%	\$15,961-\$19,950	\$21,641-\$27,050	\$27,321-\$34,150	\$33,001-\$41,250	\$38,681-\$48,350	\$44,361-\$55,450	10 %	10 %
126% - 150%	\$19,951-\$23,940	\$27,051-\$32,460	\$34,151-\$40,980	\$41,251-\$49,500	\$48,351-\$58,020	\$55,451-\$66,540	20 %	10 %
151% - 175%	\$23,941-\$27,930	\$32,461-\$37,870	\$40,981-\$47,810	\$49,501-\$57,750	\$58,021-\$67,690	\$66,541-\$77,630	30 %	10 %
176% - 200%	\$27,931-\$31,920	\$37,871-\$43,280	\$47,811-\$54,640	\$57,751-\$66,000	\$67,691-\$77,360	\$77,631-\$88,720	40 %	10 %
201% - 225%	\$31,921-\$35,910	\$43,281-\$48,690	\$54,641-\$61,470	\$66,001-\$74,250	\$77,361-\$87,030	\$88,721-\$99,810	50 %	10 %
226% - 250%	\$35,911-\$39,900	\$48,691-\$54,100	\$61,471-\$68,300	\$74,251-\$82,500	\$87,031-\$96,700	\$99,811-\$110,900	60 %	15 %
251% - 300%	\$39,901-\$47,880	\$54,101-\$64,920	\$68,301-\$81,960	\$82,501-\$99,000	\$96,701-\$116,040	\$110,901-\$133,080	70 %	15 %
300% - 350%	\$47,881-\$55,860	\$64,921-\$75,740	\$81,961-\$95,620	\$99,001-\$115,500	\$116,041-\$135,380	\$133,081-\$155,260	80 %	15 %
351% - 400%	\$55,861-\$63,840	\$75,741-\$86,560	\$95,621-\$109,280	\$115,501-\$132,000	\$135,381-\$154,720	\$155,261-\$177,440	90 %	15 %
>400%	\$63,841 and up	\$86,561 and up	\$109,281 and up	\$132,001 and up	\$154,721 and up	\$177,441 and up	100 %	15 %

The Center for Counseling & Consultation (Centro de Asesoramiento y Consulta) no denegará los servicios por incapacidad de pago. Complete la solicitud de escala móvil de tarifas y proporcione un comprobante de ingresos. Con gusto estableceremos un plan de pagos que sea accesible para usted.