# NARKAR HEALTH FOUNDATION

## SLIDING FEE DISCOUNT SCHEDULE

*Based on 2026 HHS Federal Poverty Guidelines | Effective January 17, 2026 | Board Approved*

3625 Martin Luther King Jr Blvd, Ste 8, Lynwood, CA 90262 | (323) 585-8876 | www.narkar.org

TIER 1: 0–100% FPG Nominal Fee — $20/visit

TIER 2: 101–150% FPG Patient pays $30 (20%)

TIER 3a: 151–175% FPG Patient pays $60 (40%)

TIER 3b: 176–200% FPG Patient pays $90 (60%)

FULL FEE: >200% FPG $150 standard rate

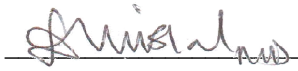
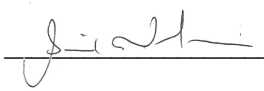
| Family Size | TIER 1 (0–100% FPG) Income Limit (Annual) | Pays | TIER 2 (101–150% FPG) Annual Income Range | Pays | TIER 3a (151–175% FPG) Annual Income Range | Pays | TIER 3b (176–200% FPG) Annual Income Range | Pays | FULL FEE (>200% FPG) Income Above |
|---|---|---|---|---|---|---|---|---|---|
| 1 | $15,960 $1,330/mo | $20 Nominal | $15,961 – $23,940 | $30 | $23,941 – $27,930 | $60 | $27,931 – $31,920 | $90 | Above $31,920 |
| 2 | $21,640 $1,803/mo | $20 Nominal | $21,641 – $32,460 | $30 | $32,461 – $37,870 | $60 | $37,871 – $43,280 | $90 | Above $43,280 |
| 3 | $27,320 $2,277/mo | $20 Nominal | $27,321 – $40,980 | $30 | $40,981 – $47,810 | $60 | $47,811 – $54,640 | $90 | Above $54,640 |
| 4 | $33,000 $2,750/mo | $20 Nominal | $33,001 – $49,500 | $30 | $49,501 – $57,750 | $60 | $57,751 – $66,000 | $90 | Above $66,000 |
| 5 | $38,680 $3,223/mo | $20 Nominal | $38,681 – $58,020 | $30 | $58,021 – $67,690 | $60 | $67,691 – $77,360 | $90 | Above $77,360 |
| 6 | $44,360 $3,697/mo | $20 Nominal | $44,361 – $66,540 | $30 | $66,541 – $77,630 | $60 | $77,631 – $88,720 | $90 | Above $88,720 |
| 7 | $50,040 $4,170/mo | $20 Nominal | $50,041 – $75,060 | $30 | $75,061 – $87,570 | $60 | $87,571 – $100,080 | $90 | Above $100,080 |
| 8 | $55,720 $4,643/mo | $20 Nominal | $55,721 – $83,580 | $30 | $83,581 – $97,510 | $60 | $97,511 – $111,440 | $90 | Above $111,440 |
| Each add'l | Add $5,680/yr ($473/mo) | | | | | | | | |

## Service Fee Schedule — Applied to $150 Standard Visit Rate

| Service Type | Tier 1 (≤100%) $20 Nominal | Tier 2 (101–150%) Pays 20% = $30 | Tier 3a (151–175%) Pays 40% = $60 | Tier 3b (176–200%) Pays 60% = $90 | Full Fee (>200%) | Notes |
|---|---|---|---|---|---|---|
| Office / Primary Care Visit | **$20** | **$30** | **$60** | **$90** | **$150** | Standard rate $150 |
| Behavioral Health Visit | **$20** | **$30** | **$60** | **$90** | **$150** | Standard rate $150 |
| CLIA-Waived Lab Service | **$10–15** | **$20** | **$40** | **$60** | **$100** | Standard rate $100 |
| Preventive / Wellness Visit | **$20** | **$30** | **$60** | **$90** | **$150** | Standard rate $150 |

**Board Approval:** This Sliding Fee Discount Schedule was reviewed and approved by the NHF Board of Directors. Nominal fees do not constitute a barrier to care per HRSA PAL 2019-01.

**Source:** *2026 HHS Poverty Guidelines, 48 Contiguous States — Federal Register Vol. 91, January 15, 2026 (effective January 17, 2026). Each additional person above 8: add $5,680/yr.*

Board Chair Signature:  Date: 01/17/2026 CEO Signature (Sunil Narkar):  Date: 01/17/2026

# NARKAR HEALTH FOUNDATION

## SLIDING FEE DISCOUNT PROGRAM POLICY

*Policy No: NHF-SFDP-001 | Effective: 09/18/2025 | FPG Updated: 2026 | Authority: 42 U.S.C. § 254b / HRSA PAL 2019-01*

## 1. PURPOSE

Narkar Health Foundation ("NHF") establishes this Sliding Fee Discount Program ("SFDP") to ensure that all patients have access to care regardless of ability to pay, in accordance with Section 330 of the Public Health Service Act (42 U.S.C. § 254b) and HRSA Program Assistance Letter 2019-01 (PAL 2019-01). NHF provides discounted services to all eligible patients with household incomes at or below 200% of the current Federal Poverty Guidelines (FPG), based on the 2026 HHS Federal Poverty Guidelines published in the Federal Register on January 15, 2026 (effective January 17, 2026).

## 2. SCOPE

This policy applies to all NHF service sites, including the permanent site at 3625 Martin Luther King Jr Blvd, Suite 8, Lynwood, CA 90262, and covers:

- Primary Care Services (office visits, preventive and wellness care, chronic disease management)
- Behavioral Health Services (mental health — provided directly per Form 5A)
- CLIA-Waived In-House Laboratory Services (when performed on-site)
- All other services within NHF's approved scope of project

## 3. POLICY STATEMENT

NHF will:

- Provide services to all patients regardless of ability to pay
- Offer a sliding fee discount to all eligible patients at or below 200% FPG
- Charge a nominal fee to patients at or below 100% FPG that is not a barrier to care ($20 per medical or behavioral health visit; $10–$15 for lab services)
- Apply discounts consistently and uniformly across all eligible patients and service types
- Ensure no patient is denied services due to inability to pay
- Post SFDP signage in English and Spanish at all patient-facing locations and on NHF's website
- Review and update the SFDP schedule annually upon publication of updated HHS Federal Poverty Guidelines

## 4. 2026 INCOME ELIGIBILITY TIERS

The following discount structure applies based on household size and gross annual income, using the **2026 HHS Federal Poverty Guidelines (48 Contiguous States)**. Tier 3 is split into two sub-tiers to provide a more graduated discount structure consistent with HRSA PAL 2019-01.

| Income Level (% FPG) | Discount | Patient Responsibility | Medical Visit Fee ($150 standard) | Example — Family of 4 Annual Income |
|---|---|---|---|---|
| **0–100% FPG** | 100% (Nominal) | $20 nominal fee | **$20** | Up to $33,000/yr |

| | | | | |
|---|---|---|---|---|
| **101–150% FPG** | 80% Discount | 20% of standard charge | **$30** | $33,001 – $49,500/yr |
| **151–175% FPG (Tier 3a)** | 60% Discount | 40% of standard charge | **$60** | $49,501 – $57,750/yr |
| **176–200% FPG (Tier 3b)** | 40% Discount | 60% of standard charge | **$90** | $57,751 – $66,000/yr |
| **Above 200% FPG** | No discount | Full standard charge | **$150** | Above $66,000/yr |

**Note:** *1 person at 100% FPG = $15,960/yr. Family of 4 at 100% FPG = $33,000/yr. Add $5,680 per additional person above 8. Source: HHS Federal Register, January 15, 2026.*

## 5. NOMINAL FEES

Patients at or below 100% FPG are charged the following board-approved nominal fees, determined not to constitute a barrier to care:

- Medical / Primary Care Visit: $20
- Behavioral Health Visit: $20
- CLIA-Waived Laboratory Services: $10–$15 (per test)

Nominal fees are reviewed annually by the Board and updated as needed to ensure compliance with HRSA PAL 2019-01.

## 6. ELIGIBILITY, APPLICATION & DOCUMENTATION

Patients requesting SFDP discounts must: (1) complete a Sliding Fee Discount Application; and (2) provide documentation of household gross income. Acceptable documentation: pay stubs (last 30 days), most recent tax return, W-2 or 1099, unemployment benefits statement, or letter of support (if no income). If documentation is unavailable, patients may complete a Self-Attestation Form granting temporary eligibility for up to 90 days. Full documentation is required at the next scheduled visit.

## 7. DURATION, RENEWAL & STAFF RESPONSIBILITIES

Eligibility is valid for 12 months. Patients must reapply annually and whenever household income or family size changes materially. All front desk and billing staff are trained on SFDP procedures at hire and annually. Discounts are applied at time of service. NHF will not send patients to collections solely due to inability to pay, and will offer payment plans when appropriate.

## 8. BOARD APPROVAL & EFFECTIVE DATE

**Effective Date:** September 18, 2025 | **FPG Update:** 2026 HHS Federal Poverty Guidelines (January 17, 2026) | **Next Annual Review:** Upon publication of 2027 HHS FPG

Board Chair Signature: _____ Date: 01/17/2026

CEO/Administrator (Sunil Narkar): _____ Date: 01/17/2026

# NARKAR HEALTH FOUNDATION

## SLIDING FEE DISCOUNT PROGRAM — PATIENT APPLICATION

3625 Martin Luther King Jr Blvd, Ste 8, Lynwood, CA 90262 | (323) 585-8876 | www.narkar.org

**PATIENT NOTICE:** NHF offers discounted services based on household income and family size. No patient will be denied care due to inability to pay. All information is kept strictly confidential.

### SECTION 1 — PATIENT INFORMATION

Patient Full Legal Name: _____

Date of Birth: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email (optional): _____

Preferred Language: [ ] English [ ] Spanish [ ] Other: _____

Date of Application: _____

### SECTION 2 — HOUSEHOLD SIZE

List ALL persons living in your household (include yourself, spouse, children, and any other dependents):

| # | Full Name | Relationship | Date of Birth |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

**Total Household Size: _____**

### SECTION 3 — HOUSEHOLD GROSS INCOME

List the **gross monthly income** (before taxes) for **ALL household members** from ALL sources:

| Income Source | Household Member | Monthly Amount | Annual Amount |
|---|---|---|---|
| Employment / Wages | | $ | $ |
| Self-Employment / Business | | $ | $ |

| | | | |
|---|---|---|---|
| Social Security / SSI / SSDI | | $ | $ |
| Unemployment / Disability | | $ | $ |
| Child Support / Alimony | | $ | $ |
| Pension / Retirement | | $ | $ |
| Other (describe): _____ | | $ | $ |
| **TOTAL HOUSEHOLD GROSS INCOME** | **ALL MEMBERS COMBINED** | **$_____** | **$_____** |

## SECTION 4 — INCOME DOCUMENTATION

Check all documents you are providing today:

[ ] Pay stubs — last 30 days

[ ] Most recent federal tax return (1040)

[ ] W-2 or 1099 form

[ ] Unemployment / disability benefits statement

[ ] Social Security award letter

[ ] Letter from employer on letterhead

[ ] Signed Self-Attestation Form (no documentation available)

[ ] No income — Self-Attestation completed

## SECTION 5 — PATIENT CERTIFICATION

I certify that the income and household information provided is true and accurate. I understand that providing false information may result in termination of my discount and billing at full charge. I authorize NHF to use this information solely to determine my SFDP eligibility and understand my eligibility is reassessed annually.

Patient / Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship (if guardian): _____

**FOR STAFF USE ONLY**

| Annual Income | Family Size | % of FPG | Tier Assigned | Next Review Date |
|---|---|---|---|---|
| $_____ | _____ | _____% | [ ]T1 [ ]T2 [ ]T3a [ ]T3b [ ]Full | _____ |

Staff Name: _____ Date: _____

Signature: _____

# NARKAR HEALTH FOUNDATION

**We Provide Care to All Patients**

**Regardless of Ability to Pay**

## SLIDING FEE DISCOUNT PROGRAM

Our fees are based on your household income and family size.

**You may qualify for reduced or free services.**

| TIER 1 | TIER 2 | TIER 3a | TIER 3b | FULL FEE |
|---|---|---|---|---|
| Income ≤ 100% FPG | Income 101–150% FPG | Income 151–175% FPG | Income 176–200% FPG | Income > 200% FPG |
| **$20 per visit** | **$30 per visit** | **$60 per visit** | **$90 per visit** | **$150 standard rate** |

**Ask our front desk staff about the Sliding Fee Discount Program.**

**No patient will be turned away.**

(323) 585-8876 | www.narkar.org | 3625 Martin Luther King Jr Blvd, Ste 8, Lynwood, CA 90262

*Based on 2026 HHS Federal Poverty Guidelines | Board Approved*

# NARKAR HEALTH FOUNDATION

**Brindamos Atención Médica a Todos los Pacientes**

**Sin importar su capacidad de pago**

## PROGRAMA DE DESCUENTO POR TARIFA REDUCIDA

Nuestras tarifas se basan en los ingresos y el tamaño de su familia.

**Usted puede calificar para servicios gratuitos o a bajo costo.**

| NIVEL 1 | NIVEL 2 | NIVEL 3a | NIVEL 3b | TARIFA COMPLETA |
|---|---|---|---|---|
| Ingreso ≤ 100% FPG | Ingreso 101–150% FPG | Ingreso 151–175% FPG | Ingreso 176–200% FPG | Ingreso > 200% FPG |
| **$20 por visita** | **$30 por visita** | **$60 por visita** | **$90 por visita** | **$150 tarifa estándar** |

**Pregúntele a nuestro personal sobre el Programa de Descuento. | Ningún paciente será rechazado.**

(323) 585-8876 | www.narkar.org | 3625 Martin Luther King Jr Blvd, Ste 8, Lynwood, CA 90262

*Basado en las Guías Federales de Pobreza 2026 (HHS) | Aprobado por la Junta Directiva*