



Southwest Pediatric & Family Care, LLC

1020 S. 8th Street • Deming, NM 88030
 Ph. (575)936-4350 • Fax (575)-936-4351
 Afterhours/Emergency Number: (575) 545-3985

Sliding Fee Discount Application

It is the policy of Southwest Pediatric & Family Care, LLC to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Name of head of household		Place of employment		
Street	City	State	Zip Code	Phone

Please list spouse and dependents under age 18

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	



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Annual Household Income

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I Certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved By: _____

Date Approved: _____

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		



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Sliding Fee Discount Form

List all family members living in your household:

Check the box that best matches your current situation:

- I CERTIFY that the level of income specified represent the total income for my family for the past TWELVE MONTHS and I am applying for any applicable sliding fee discount for my entire family. For approval of discount attached is proof of income. (e.g. current tax return, W-2, check stubs, or disability award, ect...)
- I CERTIFY that the level of income specified represents the total income for my family for the past TWELVE MONTHS and I am applying for any applicable sliding fee discount for my entire family. I DO NOT have my proof of income at this visit, but I will bring in my proof no later than _____, _____ to continue to receive any applicable discount.
- I CERTIFY that I have not worked for the past _____ months and that my only means of support is : _____ of I am working and receiving cash, but I have no documented income.
- I have refused to apply for and/or provide qualifying documentation for the sliding fee discount. I understand I am responsible for paying my full balance at the time of service.

I declare the above information is true and have given Southwest Pediatric & Family Care, LLC permission to investigate my information given in this application. I understand that this information will be kept in strict confidence. I also understand that if my income should change, I am required to notify Southwest Pediatric & Family Care, LLC at the next clinic visit.

Parent / Guardian Signature

Date

Witness

Date

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00	29,526.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00	40,034.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00	50,542.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00	61,050.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00	71,558.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00	82,066.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00	92,574.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00	103,082.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00	113,590.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00	124,098.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00	134,606.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00	145,114.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00	155,622.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00	166,130.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00	111,720.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00	151,480.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00	191,240.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00	231,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00	270,760.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00	310,520.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,200.00	300,240.00	350,280.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00	390,040.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00	429,800.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00	469,560.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00	509,320.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00	549,080.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00	588,840.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00	628,600.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty/>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	665.00	997.50	1,330.00	1,662.50	1,729.00	1,768.90	1,795.50	1,835.40	1,995.00	2,327.50	2,394.00	2,460.50
2	901.67	1,352.50	1,803.33	2,254.17	2,344.33	2,398.43	2,434.50	2,488.60	2,705.00	3,155.83	3,246.00	3,336.17
3	1,138.33	1,707.50	2,276.67	2,845.83	2,959.67	3,027.97	3,073.50	3,141.80	3,415.00	3,984.17	4,098.00	4,211.83
4	1,375.00	2,062.50	2,750.00	3,437.50	3,575.00	3,657.50	3,712.50	3,795.00	4,125.00	4,812.50	4,950.00	5,087.50
5	1,611.67	2,417.50	3,223.33	4,029.17	4,190.33	4,287.03	4,351.50	4,448.20	4,835.00	5,640.83	5,802.00	5,963.17
6	1,848.33	2,772.50	3,696.67	4,620.83	4,805.67	4,916.57	4,990.50	5,101.40	5,545.00	6,469.17	6,654.00	6,838.83
7	2,085.00	3,127.50	4,170.00	5,212.50	5,421.00	5,546.10	5,629.50	5,754.60	6,255.00	7,297.50	7,506.00	7,714.50
8	2,321.67	3,482.50	4,643.33	5,804.17	6,036.33	6,175.63	6,268.50	6,407.80	6,965.00	8,125.83	8,358.00	8,590.17
9	2,558.33	3,837.50	5,116.67	6,395.83	6,651.67	6,805.17	6,907.50	7,061.00	7,675.00	8,954.17	9,210.00	9,465.83
10	2,795.00	4,192.50	5,590.00	6,987.50	7,267.00	7,434.70	7,546.50	7,714.20	8,385.00	9,782.50	10,062.00	10,341.50
11	3,031.67	4,547.50	6,063.33	7,579.17	7,882.33	8,064.23	8,185.50	8,367.40	9,095.00	10,610.83	10,914.00	11,217.17
12	3,268.33	4,902.50	6,536.67	8,170.83	8,497.67	8,693.77	8,824.50	9,020.60	9,805.00	11,439.17	11,766.00	12,092.83
13	3,505.00	5,257.50	7,010.00	8,762.50	9,113.00	9,323.30	9,463.50	9,673.80	10,515.00	12,267.50	12,618.00	12,968.50
14	3,741.67	5,612.50	7,483.33	9,354.17	9,728.33	9,952.83	10,102.50	10,327.00	11,225.00	13,095.83	13,470.00	13,844.17
1	2,660.00	2,992.50	3,325.00	3,657.50	3,990.00	4,322.50	4,655.00	4,987.50	5,320.00	6,650.00	7,980.00	9,310.00
2	3,606.67	4,057.50	4,508.33	4,959.17	5,410.00	5,860.83	6,311.67	6,762.50	7,213.33	9,016.67	10,820.00	12,623.33
3	4,553.33	5,122.50	5,691.67	6,260.83	6,830.00	7,399.17	7,968.33	8,537.50	9,106.67	11,383.33	13,660.00	15,936.67
4	5,500.00	6,187.50	6,875.00	7,562.50	8,250.00	8,937.50	9,625.00	10,312.50	11,000.00	13,750.00	16,500.00	19,250.00
5	6,446.67	7,252.50	8,058.33	8,864.17	9,670.00	10,475.83	11,281.67	12,087.50	12,893.33	16,116.67	19,340.00	22,563.33
6	7,393.33	8,317.50	9,241.67	10,165.83	11,090.00	12,014.17	12,938.33	13,862.50	14,786.67	18,483.33	22,180.00	25,876.67
7	8,340.00	9,382.50	10,425.00	11,467.50	12,510.00	13,552.50	14,595.00	15,637.50	16,680.00	20,850.00	25,020.00	29,190.00
8	9,286.67	10,447.50	11,608.33	12,769.17	13,930.00	15,090.83	16,251.67	17,412.50	18,573.33	23,216.67	27,860.00	32,503.33
9	10,233.33	11,512.50	12,791.67	14,070.83	15,350.00	16,629.17	17,908.33	19,187.50	20,466.67	25,583.33	30,700.00	35,816.67
10	11,180.00	12,577.50	13,975.00	15,372.50	16,770.00	18,167.50	19,565.00	20,962.50	22,360.00	27,950.00	33,540.00	39,130.00
11	12,126.67	13,642.50	15,158.33	16,674.17	18,190.00	19,705.83	21,221.67	22,737.50	24,253.33	30,316.67	36,380.00	42,443.33
12	13,073.33	14,707.50	16,341.67	17,975.83	19,610.00	21,244.17	22,878.33	24,512.50	26,146.67	32,683.33	39,220.00	45,756.67
13	14,020.00	15,772.50	17,525.00	19,277.50	21,030.00	22,782.50	24,535.00	26,287.50	28,040.00	35,050.00	42,060.00	49,070.00
14	14,966.67	16,837.50	18,708.33	20,579.17	22,450.00	24,320.83	26,191.67	28,062.50	29,933.33	37,416.67	44,900.00	52,383.33

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty/>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

