SUNCOAST COMMUNITY HEALTH CENTERS, INC.

At Suncoast Community Health Centers, Inc., we are committed to providing quality care while being transparent about our pricing. Effective June 1, 2026, updated service fees will go into effect to help us continue providing the care you deserve while reducing unexpected charges for office visits. If you need assistance with healthcare costs, please speak with a Front Office Representative to see if you qualify for our Sliding Fee Discount Program – En Suncoast Community Health Centers, Inc., estamos comprometidos a brindar atención de calidad, manteniendo al mismo tiempo la transparencia en nuestros precios. A partir del 1 de junio de 2026, entrarán en vigor tarifas de servicio actualizadas con el fin de ayudarnos a seguir ofreciéndole la atención que usted merece, reduciendo a su vez los cargos inesperados por las visitas a la consulta. Si necesita asistencia con los costos de atención médica, por favor hable con un representante de recepción para determinar si califica para nuestro Programa de Descuentos en Tarifas

Fee Scale - Escala de Tarifas	Medical and Specialty Visit - Visita Médicas y de Especialidades	Laboratory (Additional to visit)- Laboratorios (Adicional a la visita)	Diagnostic Imaging Additional to visit - Diagnóstico por Imágenes Adicional a la visita	**DENTAL** Preventive Services - Servicios Preventivos
Fee scale A - Escala A	$40.00	No charge - $0.00	$10.00	$40.00
Fee scale B - Escala B	$55.00	25% lab cost- 25% costo de laboratorio	$20.00	25% of charges min. $45- 25% costo total min. $45
Fee scale C - Escala C	$75.00	50% lab cost- 50% costo de laboratorio	$40.00	50% of charges min. $50- 50% costo total min. $50
Fee scale D - Escala D	$95.00	75% lab cost- 75% costo de laboratorio	$60.00	75% of charges min. $55- 75% costo total min. $55
Fee scale E - Escala E	$125.00	100% lab cost- 100% costo de laboratorio	$75.00	100% of charges - 100% del costo total

Pediatric School/Sport Physicals- Exámenes Físicos Escolares/Deportivos Pediátricos	
New patient only- Nuevo paciente	$30.00 flat rate- costo fijo
New patient & labs- Nuevo paciente y labs	$45.00 flat rate- costo fijo
New patient & EKG- Nuevo paciente y electrocardiograma	$50.00 flat rate- costo fijo
New patient with labs & EKG- Nuevo paciente, labs y electrocardiograma	$65.00 flat rate- costo fijo
Established patient only- Paciente establecido	$25.00 flat rate- costo fijo
Established patient & labs - Paciente establecido y labs	$40.00 flat rate- costo fijo
Established patient & EKG- Paciente establecido y electrocardiograma	$45.00 flat rate- costo fijo
Established patient, labs & EKG-Paciente establecido, labs y electrocardiograma	$60.00 flat rate- costo fijo
**Labs: Hemoglobin and Lead test- *Laboratorios: Exámen de Plomo y Hemoglobina*	

Optometry - Optometría				
Fee Scale - Escala de Tarifas	New Patient Eye Exam-Exámen de la Vista Nuevo Paciente	Established Patient Eye Exam-Exámen de la Vista Paciente Establecido	Single Basic Glasses- Anteojos Simple Visión	Bifocal Basic Glasses- Anteojos Bifocales
Fee scale A - Escala A	$40.00	$40.00	$41.00	$55.00
Fee scale B - Escala B	$51.00	$51.00	$51.00	$71.00
Fee scale C - Escala C	$91.00	$78.00	$81.00	$96.00
Fee scale D - Escala D	$135.00	$117.00	$111.00	$127.00
Fee scale E - Escala E	$204.98	$177.64	$169.20	$188.40

Fee Scale - Escala de Tarifas	Vaccine/Medication Admin. Fee (Nurse visit only)- Costo de Administración de Vacunas/Medicamentos (Visita con la enfermera solamente)	Contraceptive devices (IUD/Nexplanon) and DMEs additional to visit- Métodos anticonceptivos (DIU/Implante) y Equipo Médico Durable es adicional a la visita
Fee scale A to E Escala de tarifa A a la E	$10.00	Cost of device - Costo del dispositivo

Prices subject to change without notice-Precios sujetos a cambio sin previo aviso

Effective June 1st, 2026.

TITLE X FAMILY PLANNING FEE SCHEDULE

Effective February 2, 2026
Attachment 2

FAMILY PLANNING PROGRAM
SLIDING FEE SCALE
ANNUAL INCOME RANGES
64F-16, Florida Administrative Code and s.154.011,(1),(c),7, F.S.*

Use Only for Family Planning Clients

2026 Family Size	FEE GROUPS**: A	B	C	D	E	F	G
1	<= $15,960	$15,961 - $20,747	$20,748 - $25,535	$25,536 - $30,323	$30,324 - $35,111	$35,112 - $39,900	$39,901 +
2	<= $21,640	$21,641 - $28,131	$28,132 - $34,623	$34,624 - $41,115	$41,116 - $47,607	$47,608 - $54,100	$54,101 +
3	<= $27,320	$27,321 - $35,515	$35,516 - $43,711	$43,712 - $51,907	$51,908 - $60,103	$60,104 - $68,300	$68,301 +
4	<= $33,000	$33,001 - $42,899	$42,900 - $52,799	$52,800 - $62,699	$62,700 - $72,599	$72,600 - $82,500	$82,501 +
5	<= $38,680	$38,681 - $50,283	$50,284 - $61,887	$61,888 - $73,491	$73,492 - $85,095	$85,096 - $96,700	$96,701 +
6	<= $44,360	$44,361 - $57,667	$57,668 - $70,975	$70,976 - $84,283	$84,284 - $97,591	$97,592 - $110,900	$110,901 +
7	<= $50,040	$50,041 - $65,051	$65,052 - $80,063	$80,064 - $95,075	$95,076 - $110,087	$110,088 - $125,100	$125,101 +
8	<= $55,720	$55,721 - $72,435	$72,436 - $89,151	$89,152 - $105,867	$105,868 - $122,583	$122,584 - $139,300	$139,301 +
9	<= $61,400	$61,401 - $79,819	$79,820 - $98,239	$98,240 - $116,659	$116,660 - $135,079	$135,080 - $153,500	$153,501 +
10	<= $67,080	$67,081 - $87,203	$87,204 - $107,327	$107,328 - $127,451	$127,452 - $147,575	$147,576 - $167,700	$167,701 +
Percent Poverty	<=100%	101%-129%	130%-159%	160%-189%	190%-219%	220%-250%	251+%
Percent of Full Fee	no fee	17%	33%	50%	67%	83%	100%

* Column A is authorized and based on s.154.011,(1),(c),1, Florida Statute (F.S.).
Columns B - G are authorized by s.154.011,(1),(c),7, F.S. and are based on Florida Administrative Code 64F-16.

** The family planning fee schedule is based on NET INCOME.

NOTES: For families with more than 10 members, add **$5,680** for each additional member to fee group A.
Federal Poverty Guidelines may be viewed at http://aspe.hhs.gov/poverty/