OUR SERVICES

Sliding Scale Fees Available for All Services

1) Medical Services

- *Family Practice*
- *Pediatrics*
- *Geriatrics*
- *Neurology*

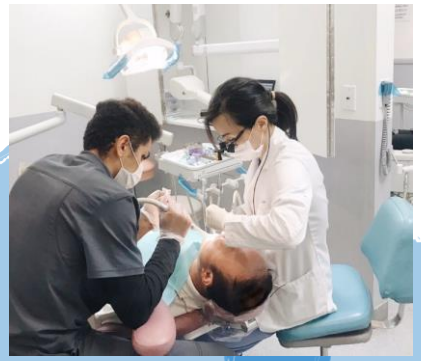
2) Dental Services

- *Complete Dental Services*

3) Acupuncture

4) Ancillary Services

- *Group Therapy for Diabetes, Hypertension, Depression, Obesity*



Please Visit Our Website
Livingstonecdc.com

- *Provides Food Pantry*
- *Bus Pass*
- *Spiritual Counseling*

Phone: 714-248-9500
After Hours Phone: 714- 248-9500
Fax: 714-622-4943

Address:
12362 Beach Blvd #10 Stanton
CA 90680

Office hours
M-F: 9 AM - 6 PM
Saturday: 9 AM – 3 PM

Livingstone Community Health Clinic

Sliding Fee Scale Discount

TO HELP THE NEEDY

We offer a Sliding Fee Discount Program to patients and their household members with incomes at or below 200% of the current federal poverty guidelines, based on their family size and income

Do you qualify?

Are you uninsured or insured with out of pocket costs?

If so, you may qualify for our Sliding Fee Discount Program. In order to qualify you need to provide:

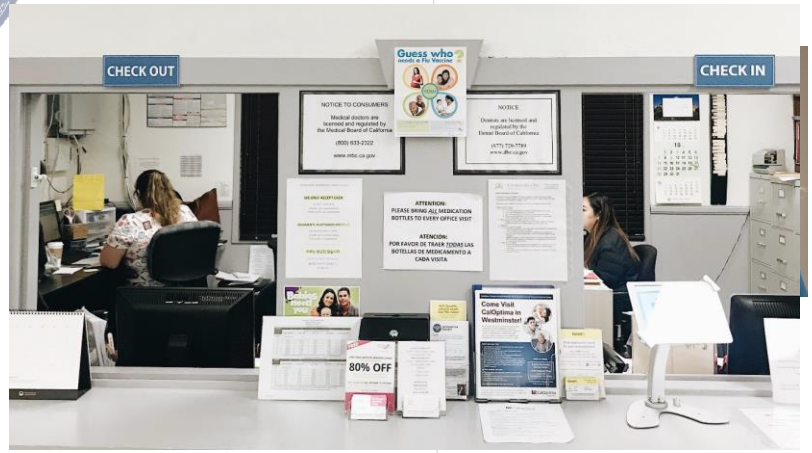
- Family size
- Family size is defined as the number of individuals living within a single residence.
- Written verification of monthly income.
- Income tax return for prior calendar year
- Pay vouchers or pay stubs for prior two months
- Award letter from country welfare department or other government agency documenting eligibility for assistance.
- Other
  Temporary eligibility will be granted if you have stated that you have written verification of monthly income, but did not bring it to the appointment with you. You will be asked to sign the 'Self Declaration of Income' form unti verification is brought in.

Self-Declaration can also be used when income cannot be reasonably documented. If you are unable to provide written verification, you must submit a signed "Self Declaration of Income."

2026 Sliding Fee Scale

Annual Income Thresholds by Sliding Fee Discount Pay and Percent Level (2025 Federal Poverty Level)

Household Size by Annual Income					
Discount	**A**	**B**	**C**	**D**	**E**
	Discount Pay Class and Percent Poverty				
	100% or below	**101 -133%**	**134 -155%**	**156-200%**	**201% and Above**
Household Size	**A (Nominal Fee)**	**B**	**C**	**D**	**E**
1	$15,960	21,227	24,738	31,920	$31,921
2	$21,640	28,781	33,542	43,280	$43,281
3	$27,320	36,336	42,346	54,640	$54,641
4	$33,000	43,890	51,150	66,000	$66,001
5	$38,680	51,444	59,954	77,360	$77,361
6	$44,360	58,999	68,758	88,720	$88,721
7	$50,040	66,553	77,562	100,080	$100,081
8	$55,720	74,108	86,366	111,440	$111,441
9	$61,400	81,662	95,170	122,800	$122,801
10	$67,080	89,216	103,974	134,160	$134,161
For families/households with more than 10 persons, add $5,680 for each additional person.					



PLEASE ASK FOR AN APPLICATION FROM THE FRONT DESK