

MARY'S CENTER
2018 Sliding Fee Scale

Medical/Dental

| | MC 100 * | Level I | | Level II | | Level III | | Level IV | | Level V | | Level VI | | No Discount |
|--------------------------------|---------------------------|----------------------------|----------|-----------------------------|----------|-----------------------------|----------|-----------------------------|----------|-----------------------------|----------|-----------------------------|----------|--|
| | 0 - 50% of Poverty Level | 51 - 100% of Poverty Level | | 101 - 120% of Poverty Level | | 121 - 140% of Poverty Level | | 141 - 160% of Poverty Level | | 161 - 180% of Poverty Level | | 181 - 200% of Poverty Level | | Over 200% FPL / No Income Information Provided |
| # of Family Members | If income is at or below: | If income is between: | | If income is between: | | If income is between: | | If income is between: | | If income is between: | | If income is between: | | If income is at or above: |
| 1 | \$6,070 | \$6,071 | \$12,140 | \$12,141 | \$14,568 | \$14,569 | \$16,996 | \$16,997 | \$19,424 | \$19,425 | \$21,852 | \$21,853 | \$24,280 | \$24,281 |
| 2 | \$8,230 | \$8,231 | \$16,460 | \$16,461 | \$19,752 | \$19,753 | \$23,044 | \$23,045 | \$26,336 | \$26,337 | \$29,628 | \$29,629 | \$32,920 | \$32,921 |
| 3 | \$10,390 | \$10,391 | \$20,780 | \$20,781 | \$24,936 | \$24,937 | \$29,092 | \$29,093 | \$33,248 | \$33,249 | \$37,404 | \$37,405 | \$41,560 | \$41,561 |
| 4 | \$12,550 | \$12,551 | \$25,100 | \$25,101 | \$30,120 | \$30,121 | \$35,140 | \$35,141 | \$40,160 | \$40,161 | \$45,180 | \$45,181 | \$50,200 | \$50,201 |
| 5 | \$14,710 | \$14,711 | \$29,420 | \$29,421 | \$35,304 | \$35,305 | \$41,188 | \$41,189 | \$47,072 | \$47,073 | \$52,956 | \$52,957 | \$58,840 | \$58,841 |
| 6 | \$16,870 | \$16,871 | \$33,740 | \$33,741 | \$40,488 | \$40,489 | \$47,236 | \$47,237 | \$53,984 | \$53,985 | \$60,732 | \$60,733 | \$67,480 | \$67,481 |
| 7 | \$19,030 | \$19,031 | \$38,060 | \$38,061 | \$45,672 | \$45,673 | \$53,284 | \$53,285 | \$60,896 | \$60,897 | \$68,508 | \$68,509 | \$76,120 | \$76,121 |
| 8 | \$21,190 | \$21,191 | \$42,380 | \$42,381 | \$50,856 | \$50,857 | \$59,332 | \$59,333 | \$67,808 | \$67,809 | \$76,284 | \$76,285 | \$84,760 | \$84,761 |
| Add for Each Additional Person | \$2,160 | \$4,320 | | \$5,184 | | \$6,048 | | \$6,912 | | \$7,776 | | \$8,640 | | \$8,640 |
| Patient Payment | Optional Contribution | \$20 | | \$45 | | \$70 | | \$95 | | \$120 | | \$145 | | \$150 at time of service / Pt will be billed for remainder balance |

Discount Schedule based on 2018 Federal Poverty Guidelines, found at ASPE.hhs.gov

* "MC 100" services, including labs and family planning, are provided at no cost. Contributions to Mary's Center are optional.

"Level I" flat rate includes all services, labs, and family planning.

"Level II" - "Level VI" includes all services and labs. Family planning is additional cost.

**In all cases, the NO DISCOUNT Level is a deposit. Patient will be balance billed for full charges

Family Planning Prices:

NOTE: Family planning fees are in addition to medical fees.

| | MC 100 | Level I | Level II | Level III | Level IV | Level V | Level VI | No Discount | |
|---------------------|-----------|---------|----------|-----------|----------|---------|----------|-------------|-------|
| IUDs | Liletta | \$0 | \$0 | \$10 | \$20 | \$30 | \$40 | \$45 | \$50 |
| | Mirena | \$0 | \$0 | \$160 | \$200 | \$240 | \$280 | \$300 | \$330 |
| | Paraguard | \$0 | \$0 | \$75 | \$115 | \$155 | \$195 | \$210 | \$233 |
| Oral Contraceptives | \$0 | \$0 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 |
| Depo Provera | \$0 | \$0 | \$1 | \$1 | \$1 | \$1 | \$1 | \$1 | \$1 |
| Rings (3 -pack) | \$0 | \$0 | \$5 | \$10 | \$15 | \$20 | \$20 | \$20 | \$21 |
| Patch (3-pack) | \$0 | \$0 | \$30 | \$40 | \$50 | \$60 | \$65 | \$67 | \$67 |
| Nexplanon | \$0 | \$0 | \$150 | \$200 | \$250 | \$300 | \$350 | \$350 | \$399 |
| Plan B | \$0 | \$0 | \$6 | \$6 | \$6 | \$6 | \$6 | \$6 | \$6 |
| Pregnancy Test | \$0 | \$0 | \$11 | \$15 | \$19 | \$23 | \$27 | \$27 | \$32 |

NOTE: "NO DISCOUNT" column refers to deposit collected at time of service. Patient will be billed for the remainder balance after the visit.

Sonography Services:

| | MC 100 | Level I | Level II | Level III | Level IV | Level V | Level VI | No Discount |
|-----------|--------|---------|----------|-----------|----------|---------|----------|-------------|
| Per Visit | \$100 | \$110 | \$120 | \$140 | \$160 | \$180 | \$200 | \$220 |

NOTE: "NO DISCOUNT" column refers to deposit collected at time of service. Patient will be billed for the remainder balance after the visit.

Behavioral Health Services:

| | MC 100 | Level I | Level II | Level III | Level IV | Level V | Level VI | No Discount |
|-----------------------|--------|---------|----------|-----------|----------|---------|----------|-------------|
| Per Session | \$1 | \$10 | \$20 | \$35 | \$45 | \$55 | \$65 | \$70 |
| Package of 4 Sessions | \$2 | \$35 | \$75 | \$135 | \$175 | \$215 | \$255 | \$275 |
| Package of 8 Sessions | \$5 | \$70 | \$150 | \$270 | \$350 | \$430 | \$510 | \$550 |

NOTE: "NO DISCOUNT" column refers to deposit collected at time of service. Patient will be billed for the remainder balance after the visit.

Nutritionist Services:

| | MC 100 | Level I | Level II | Level III | Level IV | Level V | Level VI | No Discount |
|-----------------|-----------------------|---------|----------|-----------|----------|---------|----------|-------------|
| Initial Visit | Optional Contribution | \$20 | \$25 | \$36 | \$50 | \$62 | \$65 | \$75 |
| Follow-up Visit | Optional Contribution | \$15 | \$18 | \$24 | \$33 | \$41 | \$45 | \$50 |

NOTE: "NO DISCOUNT" column refers to deposit collected at time of service. Patient will be billed for the remainder balance after the visit.

Nursing Services:

| | VFC Admin Fee | MC 100 | Level I | Level II | Level III | Level IV | Level V | Level VI | No Discount |
|-----------|---------------|-----------------------|-----------------------|----------|-----------|----------|---------|----------|-------------|
| Per Visit | \$24 | Optional Contribution | Optional contribution | \$10 | \$20 | \$30 | \$40 | \$50 | \$60 |

NOTE: "NO DISCOUNT" column refers to deposit collected at time of service. Patient will be billed for the remainder balance after the visit.

Note: VFC Admin Fee is \$24 regardless of the number of injections given.

Note: VFC Admin Fee is \$24 for all self - pay patients regardless of their discount qualification.