

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	\$23	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 \$23 regardless of the number of injections given.

Note: VFC Admin Fee is \$23 for all self - pay patients regardless of their discount qualification.