

MARY'S CENTER
2019 Sliding Fee Scale

Medical

# of Family Members	Level I	Level II		Level III		Level IV		Level V		No Discount
	0 - 50% of Poverty Level	51 - 100% of Poverty Level		101 - 140% of Poverty Level		141 - 180% of Poverty Level		181 - 200% of Poverty Level		Over 200% FPL / No Income Information Provided
	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 at or above:
1	\$6,245	\$6,246	\$12,490	\$12,491	\$17,486	\$17,487	\$22,482	\$22,483	\$24,980	\$24,981
2	\$8,455	\$8,456	\$16,910	\$16,911	\$23,674	\$23,675	\$30,438	\$30,439	\$33,820	\$33,821
3	\$10,665	\$10,666	\$21,330	\$21,331	\$29,862	\$29,863	\$38,394	\$38,395	\$42,660	\$42,661
4	\$12,875	\$12,876	\$25,750	\$25,751	\$36,050	\$36,051	\$46,350	\$46,351	\$51,500	\$51,501
5	\$15,085	\$15,086	\$30,170	\$30,171	\$42,238	\$42,239	\$54,306	\$54,307	\$60,340	\$60,341
6	\$17,295	\$17,296	\$34,590	\$34,591	\$48,426	\$48,427	\$62,262	\$62,263	\$69,180	\$69,181
7	\$19,505	\$19,506	\$39,010	\$39,011	\$54,614	\$54,615	\$70,218	\$70,219	\$78,020	\$78,021
8	\$21,715	\$21,716	\$43,430	\$43,431	\$60,802	\$60,803	\$78,174	\$78,175	\$86,860	\$86,861
Add for Each Additional Person	\$2,210	\$4,420		\$6,188		\$7,956		\$8,840		\$8,840
Patient Payment	\$20	\$40		\$60		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance

Discount Schedule based on 2019 Federal Poverty Guidelines, found at ASPE.hhs.gov
 "Level I and II" includes all services, including labs and family planning.
 "Level III" - "Level V" includes all services and labs. Family planning is additional cost.
 In all cases, the NO DISCOUNT Level is an initial fee. Patient will be balance billed for full charges.
 For Family Planning/Title X Fees: See Title X Sliding Fee Scale

Prenatal Care

# of Family Members	Level I	Level II		Level III		Level IV		Level V		No Discount
	0 - 50% of Poverty Level	51 - 100% of Poverty Level		101 - 140% of Poverty Level		141 - 180% of Poverty Level		181 - 200% of Poverty Level		Over 200% FPL / No Income Information Provided
	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 at or above:
1	\$6,245	\$6,246	\$12,490	\$12,491	\$17,486	\$17,487	\$22,482	\$22,483	\$24,980	\$24,981
2	\$8,455	\$8,456	\$16,910	\$16,911	\$23,674	\$23,675	\$30,438	\$30,439	\$33,820	\$33,821
3	\$10,665	\$10,666	\$21,330	\$21,331	\$29,862	\$29,863	\$38,394	\$38,395	\$42,660	\$42,661
4	\$12,875	\$12,876	\$25,750	\$25,751	\$36,050	\$36,051	\$46,350	\$46,351	\$51,500	\$51,501
5	\$15,085	\$15,086	\$30,170	\$30,171	\$42,238	\$42,239	\$54,306	\$54,307	\$60,340	\$60,341
6	\$17,295	\$17,296	\$34,590	\$34,591	\$48,426	\$48,427	\$62,262	\$62,263	\$69,180	\$69,181
7	\$19,505	\$19,506	\$39,010	\$39,011	\$54,614	\$54,615	\$70,218	\$70,219	\$78,020	\$78,021
8	\$21,715	\$21,716	\$43,430	\$43,431	\$60,802	\$60,803	\$78,174	\$78,175	\$86,860	\$86,861
Add for Each Additional Person	\$2,210	\$4,420		\$6,188		\$7,956		\$8,840		\$8,840
Patient Payment	\$600	\$600		\$60		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance

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

Level 1 and Level 2 Qualify for the Prenatal Package. One payment of \$600 for prenatal care due at first visit which covers all prenatal appointments, labs, health education and prenatal nutrition. Does not cover, dental, sonography, or non-prenatal appointments.
 Level III through No Discount pay per Medical Scale.

Sonography Services:

	Level I	Level II	Level III	Level IV	Level V	No Discount
Per Visit	\$100	\$110	\$130	\$170	\$200	\$220

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

Behavioral Health Services:

	Level I	Level II	Level III	Level IV	Level V	No Discount
Per Session	\$5	\$10	\$30	\$50	\$65	\$70
Package of 4 Sessions	\$6	\$35	\$115	\$190	\$255	\$275
Package of 8 Sessions	\$10	\$70	\$230	\$390	\$510	\$550

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

Nutritionist Services:

	Level I	Level II	Level III	Level IV	Level V	No Discount
Initial Visit	\$10	\$20	\$32	\$56	\$70	\$80
Follow-up Visit	\$5	\$15	\$29	\$36	\$50	\$60

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

Nursing Services:

	VFC Admin Fee	Level I	Level II	Level III	Level IV	Level V	No Discount
Per Visit	\$23	\$5	\$10	\$20	\$40	\$60	\$75

NOTE: "NO DISCOUNT" column refers to an initial fee collected at the 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.

Family Planning Prices:

**NOTE: Family planning fees are separate from medical fees (Title "X" Pricing). Oral contraceptives pricing is per unit*

	* Level I	*Level II	Level III	Level IV	Level V	No Discount
Liletta	\$0	\$0	\$20	\$40	\$50	\$90
Mirena	\$0	\$0	\$100	\$200	\$300	\$420
Paraguard	\$0	\$0	\$75	\$150	\$250	\$390
*Oral Contraceptives	\$0	\$0	\$5	\$10	\$20	\$25
Depo Provera	\$0	\$0	\$0	\$0	\$0	\$0
Rings (3 -pack)	\$0	\$0	\$5	\$10	\$15	\$20
Patch (3-pack)	\$0	\$0	\$25	\$50	\$75	\$90
Nexplanon	\$0	\$0	\$150	\$300	\$400	\$650
Plan B	\$0	\$0	\$5	\$5	\$5	\$5
Pregnancy Test	\$0	\$0	\$5	\$5	\$5	\$15

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

Title X Visit

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3	\$10,665	\$10,666	\$21,330	\$21,331	\$29,862	\$29,863	\$38,394	\$38,395	\$53,325
4	\$12,875	\$12,876	\$25,750	\$25,751	\$36,050	\$36,051	\$46,350	\$46,351	\$64,375
5	\$15,085	\$15,086	\$30,170	\$30,171	\$42,238	\$42,239	\$54,306	\$54,307	\$75,425
6	\$17,295	\$17,296	\$34,590	\$34,591	\$48,426	\$48,427	\$62,262	\$62,263	\$86,475
7	\$19,505	\$19,506	\$39,010	\$39,011	\$54,614	\$54,615	\$70,218	\$70,219	\$97,525
8	\$21,715	\$21,716	\$43,430	\$43,431	\$60,802	\$60,803	\$78,174	\$78,175	\$108,575
Add for Each Additional Person	\$2,210	\$4,420		\$6,188		\$7,956		\$11,050	
Patient Payment	\$0	\$0		\$60		\$110		\$160	