

MARY'S CENTER

2020-2021 Sliding Fee Scale

Medical

# of Family Members	Level I 0 - 100% of Federal Poverty Level (FPL)		Level II 101 - 140% of Federal Poverty Level (FPL)		Level III 141 - 180% of Federal Poverty Level (FPL)		Level IV 181 - 200% of Federal Poverty Level (FPL)		No Discount Over 200% Federal Poverty Level (FPL) / No Income Information Provided
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$6,380	\$12,760	\$12,761	\$17,864	\$17,865	\$22,968	\$22,969	\$25,520	\$25,521
2	\$8,620	\$17,240	\$17,241	\$24,136	\$24,137	\$31,032	\$31,033	\$34,480	\$34,481
3	\$10,860	\$21,720	\$21,721	\$30,408	\$30,409	\$39,096	\$39,097	\$43,440	\$43,441
4	\$13,100	\$26,200	\$26,201	\$36,680	\$36,681	\$47,160	\$47,161	\$52,400	\$52,401
5	\$15,340	\$30,680	\$30,681	\$42,952	\$42,953	\$55,224	\$55,225	\$61,360	\$61,361
6	\$17,580	\$35,160	\$35,161	\$49,224	\$49,225	\$63,288	\$63,289	\$70,320	\$70,321
7	\$19,820	\$39,640	\$39,641	\$55,496	\$55,497	\$71,352	\$71,353	\$79,280	\$79,281
8	\$22,060	\$44,120	\$44,121	\$61,768	\$61,769	\$79,416	\$79,417	\$88,240	\$88,241
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,480		\$4,480
Patient Payment	\$30		\$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 includes all services, including labs and family planning.

Level II - Level IV - 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 0 - 100% of Federal Poverty Level (FPL)		Level II 101 - 140% of Federal Poverty Level (FPL)		Level III 141 - 180% of Federal Poverty Level (FPL)		Level IV 181 - 200% of Federal Poverty Level (FPL)		No Discount Over 200% Federal Poverty Level (FPL) / No Income Information Provided
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:
1	\$6,380	\$12,760	\$12,761	\$17,864	\$17,865	\$22,968	\$22,969	\$25,520	\$25,521
2	\$8,620	\$17,240	\$17,241	\$24,136	\$24,137	\$31,032	\$31,033	\$34,480	\$34,481
3	\$10,860	\$21,720	\$21,721	\$30,408	\$30,409	\$39,096	\$39,097	\$43,440	\$43,441
4	\$13,100	\$26,200	\$26,201	\$36,680	\$36,681	\$47,160	\$47,161	\$52,400	\$52,401
5	\$15,340	\$30,680	\$30,681	\$42,952	\$42,953	\$55,224	\$55,225	\$61,360	\$61,361
6	\$17,580	\$35,160	\$35,161	\$49,224	\$49,225	\$63,288	\$63,289	\$70,320	\$70,321
7	\$19,820	\$39,640	\$39,641	\$55,496	\$55,497	\$71,352	\$71,353	\$79,280	\$79,281
8	\$22,060	\$44,120	\$44,121	\$61,768	\$61,769	\$79,416	\$79,417	\$88,240	\$88,241
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,480		\$4,480
Patient Payment	\$850		\$1,400		\$1,950		\$2,500		\$3,800

Level I - Level IV - Qualify for the Prenatal Package. Payment in full for your level due at first visit. The prenatal package covers all prenatal and post-partum appointments, labs, nursing visits, COVID testing and follow-up visits, health education and prenatal nutrition. Does not cover, dental, sonography, or non-prenatal appointments.

No Discount - Package rate provided. Payment in full due at first visit. The prenatal package covers all prenatal and post-partum appointments, labs, nursing visits, COVID testing and follow-up visits, health education and prenatal nutrition. Does not cover, dental, sonography, or non-prenatal appointments.

Sonography Services:

	Level I	Level II	Level III	Level IV	No Discount
Per Visit	\$100	\$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	No Discount
Per Session	\$5	\$10	\$30	\$50	\$70
Package of 4 Sessions	\$6	\$35	\$115	\$190	\$275
Package of 8 Sessions	\$10	\$70	\$230	\$390	\$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	No Discount
Initial Visit	\$10	\$20	\$32	\$56	\$80
Follow-up Visit	\$5	\$15	\$29	\$36	\$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	No Discount
Per Visit	\$23	\$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

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	No Discount
Liletta	\$0	\$20	\$40	\$50	\$90
Mirena	\$0	\$100	\$200	\$300	\$420
Paraguard	\$0	\$75	\$150	\$250	\$390
<b>*Oral Contaceptives</b>	\$0	\$5	\$10	\$20	\$25
Depo Provera	\$0	\$0	\$0	\$0	\$0
Rings (3 -pack)	\$0	\$5	\$10	\$15	\$20
Patch (3-pack)	\$0	\$25	\$50	\$75	\$90
Nexplanon	\$0	\$150	\$300	\$400	\$650
Plan B	\$0	\$5	\$5	\$5	\$5
Pregnancy Test	\$0	\$5	\$5	\$5	\$15

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

Title X Visit

	Level I		Level II		Level III		Level IV	
	0 - 100% off Federal Poverty		101 - 140% of Federal		141 - 180% of Federal		181 - 250% of Federal	
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:	
1	\$6,245	\$12,490	\$12,491	\$17,486	\$17,487	\$22,482	\$22,483	\$31,225
2	\$8,455	\$16,910	\$16,911	\$23,674	\$23,675	\$30,438	\$30,439	\$42,275
3	\$10,665	\$21,330	\$21,331	\$29,862	\$29,863	\$38,394	\$38,395	\$53,325
4	\$12,875	\$25,750	\$25,751	\$36,050	\$36,051	\$46,350	\$46,351	\$64,375
5	\$15,085	\$30,170	\$30,171	\$42,238	\$42,239	\$54,306	\$54,307	\$75,425
6	\$17,295	\$34,590	\$34,591	\$48,426	\$48,427	\$62,262	\$62,263	\$86,475
7	\$19,505	\$39,010	\$39,011	\$54,614	\$54,615	\$70,218	\$70,219	\$97,525
8	\$21,715	\$43,430	\$43,431	\$60,802	\$60,803	\$78,174	\$78,175	\$108,575
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$5,600	
Patient Payment	\$0		\$60		\$110		\$160	