

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 2020 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	\$600		\$600		\$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.

90.00% 70%

Level I and Level II -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	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

NOTE: "NO DISCOUNT" column refers to an initial

Per Visit	\$23	\$10	\$20	\$40	\$60	\$75	fee collected at the time of service. Patient will be billed for the remainder balance after the visit.
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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
*Oral Contraceptives		\$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 service. Patient will be billed for the remainder balance after the visit.

Title X Visit

# of Family Members	Level I		Level II		Level III		Level IV	
	0 - 100% of Federal Poverty Level	101 - 140% of Federal Poverty Level	141 - 180% of Federal Poverty Level	181 - 250% of Federal Poverty Level	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	

<b>DENTAL</b>									
	Level I		Level II		Level III		Level IV		No Discount
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 200% of Federal Poverty Level (FPL)		Over 200% Federal Poverty Level (FPL) / No Income Information Provided
# of Family Members	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	\$12,760	\$12,761	\$17,864	\$17,865	\$22,968	\$22,969	\$25,520	\$25,521
2	\$8,455	\$17,240	\$17,241	\$24,136	\$24,137	\$31,032	\$31,033	\$34,480	\$34,481
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Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,480		\$4,480
Diagnostic & Preventive	\$30		\$60		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance
Restorative, Periodontics, & Extractions	\$90		\$120		\$170		\$235		
Prosthodontics	\$800		\$900		\$1,000		\$1,100		
Endodontics	\$750		\$800		\$850		\$900		
(Upper Left, Lower Left, Upper Right, & Lower Right)									
Prosthodontics, fee per Upper or Lower. (Arch)									
Discount Schedule based on 2020 Federal Poverty Guidelines, found at <a href="http://ASPE.hhs.gov">ASPE.hhs.gov</a>									