

MARY'S CENTER									
2022 Sliding Fee Scale effective Jan 1, 2022									
Medical									
	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	\$0	\$13,590	\$13,591	\$19,026	\$19,027	\$24,462	\$24,463	\$27,180	\$27,181
2	\$2,240	\$18,170	\$18,171	\$25,438	\$25,439	\$32,706	\$32,707	\$36,340	\$36,341
3	\$4,480	\$22,750	\$22,751	\$31,850	\$31,851	\$40,950	\$40,951	\$45,500	\$45,501
4	\$6,720	\$27,330	\$27,331	\$38,262	\$38,263	\$49,194	\$49,195	\$54,660	\$54,661
5	\$8,960	\$31,910	\$31,911	\$44,674	\$44,675	\$57,438	\$57,439	\$63,820	\$63,821
6	\$11,200	\$36,490	\$36,491	\$51,086	\$51,087	\$65,682	\$65,683	\$72,980	\$72,981
7	\$13,440	\$41,070	\$41,071	\$57,498	\$57,499	\$73,926	\$73,927	\$82,140	\$82,141
8	\$15,680	\$45,650	\$45,651	\$63,910	\$63,911	\$82,170	\$82,171	\$91,300	\$91,301
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,580		\$4,720
Patient Payment	\$30		\$30		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance

Discount Schedule based on 2022 Federal Poverty Guidelines, found at ASP.E.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									
	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	\$0	\$13,590	\$13,591	\$19,026	\$19,027	\$24,462	\$24,463	\$27,180	\$27,181
2	\$2,240	\$18,070	\$18,071	\$25,298	\$25,299	\$32,526	\$32,527	\$36,140	\$36,141
3	\$4,480	\$22,550	\$22,551	\$31,570	\$31,571	\$40,590	\$40,591	\$45,100	\$45,101
4	\$6,720	\$27,030	\$27,031	\$37,842	\$37,843	\$48,654	\$48,655	\$54,060	\$54,061
5	\$8,960	\$31,510	\$31,511	\$44,114	\$44,115	\$56,718	\$56,719	\$63,020	\$63,021
6	\$11,200	\$35,990	\$35,991	\$50,386	\$50,387	\$64,782	\$64,783	\$71,980	\$71,981
7	\$13,440	\$40,470	\$40,471	\$56,658	\$56,659	\$72,846	\$72,847	\$80,940	\$80,941
8	\$15,680	\$44,950	\$44,951	\$62,930	\$62,931	\$80,910	\$80,911	\$89,900	\$89,901
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,480		\$4,720
Patient Payment	\$850		\$1,400		\$1,950		\$2,500		\$3,800.00

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.

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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

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

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

Nursing Services:					
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	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 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.

185.72

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

215.72

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

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Title X Visit								
	Level I		Level II		Level III		Level IV	
	0 - 100% of Federal Poverty		101 - 140% of Federal Poverty		141 - 180% of Federal Poverty		181 - 250% of Federal Poverty	
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:	
1	\$6,245	\$13,590	\$13,591	\$19,026	\$19,027	\$24,462	\$24,463	\$33,975
2	\$8,455	\$19,190	\$19,191	\$26,866	\$26,867	\$34,542	\$34,543	\$47,975
3	\$10,665	\$24,790	\$24,791	\$34,706	\$34,707	\$44,622	\$44,623	\$61,975
4	\$12,875	\$30,390	\$30,391	\$42,546	\$42,547	\$54,702	\$54,703	\$75,975
5	\$15,085	\$35,990	\$35,991	\$50,386	\$50,387	\$64,782	\$64,783	\$89,975
6	\$17,295	\$41,590	\$41,591	\$58,226	\$58,227	\$74,862	\$74,863	\$103,975
7	\$19,505	\$47,190	\$47,191	\$66,066	\$66,067	\$84,942	\$84,943	\$117,975
8	\$21,715	\$52,790	\$52,791	\$73,906	\$73,907	\$95,022	\$95,023	\$131,975
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$5,600	
Patient Payment	\$0		\$60		\$110		\$160	

DENTAL									
	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	\$13,590	\$13,591	\$19,026	\$19,027	\$24,462	\$24,463	\$27,180	\$27,181
2	\$8,455	\$18,070	\$18,071	\$25,298	\$25,299	\$32,526	\$32,527	\$36,140	\$36,141
3	\$10,665	\$22,550	\$22,551	\$31,570	\$31,571	\$40,590	\$40,591	\$45,100	\$45,101
4	\$12,875	\$27,030	\$27,031	\$37,842	\$37,843	\$48,654	\$48,655	\$54,060	\$54,061
5	\$15,085	\$31,510	\$31,511	\$44,114	\$44,115	\$56,718	\$56,719	\$63,020	\$63,021
6	\$17,295	\$35,990	\$35,991	\$50,386	\$50,387	\$64,782	\$64,783	\$71,980	\$71,981
7	\$19,505	\$40,470	\$40,471	\$56,658	\$56,659	\$72,846	\$72,847	\$80,940	\$80,941
8	\$21,715	\$44,950	\$44,951	\$62,930	\$62,931	\$80,910	\$80,911	\$89,900	\$89,901
Add for Each Additional Person	\$2,240		\$3,136		\$4,032		\$4,480		\$4,720
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		

Prosthodontic s	\$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 2021 Federal Poverty Guidelines, found at <a href="https://www.aspe.hhs.gov">ASPE.hhs.gov</a>					