

MARY'S CENTER										
2023 Sliding Fee Scale										
Medical										
# of Family Members	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	
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:	
1	\$0	\$14,580	\$14,581	\$20,412	\$20,413	\$26,244	\$26,245	\$29,160	\$29,161	
2	\$5,140	\$19,720	\$19,721	\$27,608	\$27,609	\$35,496	\$35,497	\$39,440	\$39,441	
3	\$10,280	\$24,860	\$24,861	\$34,804	\$34,805	\$44,748	\$44,749	\$49,720	\$49,721	
4	\$15,420	\$30,000	\$30,001	\$42,000	\$42,001	\$54,000	\$54,001	\$60,000	\$60,001	
5	\$20,560	\$35,140	\$35,141	\$49,196	\$49,197	\$63,252	\$63,253	\$70,280	\$70,281	
6	\$25,700	\$40,280	\$40,281	\$56,392	\$56,393	\$72,504	\$72,505	\$80,560	\$80,561	
7	\$30,840	\$45,420	\$45,421	\$63,588	\$63,589	\$81,756	\$81,757	\$90,840	\$90,841	
8	\$35,980	\$50,560	\$50,561	\$70,784	\$70,785	\$91,008	\$91,009	\$101,120	\$101,121	
Add for Each Additional Person	\$5,140		\$7,196		\$9,252		\$10,280		\$10,280	
Patient Payment	\$30		\$60		\$110		\$160		\$175 at the time of service / Pt will be billed for remainder balance	

Discount Schedule based on 2023 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		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	
	If income is between:		If income is between:		If income is between:		If income is between:		If income is at or above:	
1	\$0	\$14,580	\$14,581	\$20,412	\$20,413	\$26,244	\$26,245	\$29,160	\$29,161	
2	\$5,140	\$19,720	\$19,721	\$27,608	\$27,609	\$35,496	\$35,497	\$39,440	\$39,441	
3	\$10,280	\$24,860	\$24,861	\$34,804	\$34,805	\$44,748	\$44,749	\$49,720	\$49,721	
4	\$15,420	\$30,000	\$30,001	\$42,000	\$42,001	\$54,000	\$54,001	\$60,000	\$60,001	
5	\$20,560	\$35,140	\$35,141	\$49,196	\$49,197	\$63,252	\$63,253	\$70,280	\$70,281	
6	\$25,700	\$40,280	\$40,281	\$56,392	\$56,393	\$72,504	\$72,505	\$80,560	\$80,561	
7	\$30,840	\$45,420	\$45,421	\$63,588	\$63,589	\$81,756	\$81,757	\$90,840	\$90,841	
8	\$35,980	\$50,560	\$50,561	\$70,784	\$70,785	\$91,008	\$91,009	\$101,120	\$101,121	
Add for Each Additional Person	\$5,140		\$7,196		\$9,252		\$10,280		\$10,280	
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.

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 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	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	\$5	\$5	\$5	\$15
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								
	Level I		Level II		Level III		Level IV	
	0 - 100% of Federal Poverty Level (FPL)		101 - 140% of Federal Poverty Level (FPL)		141 - 180% of Federal Poverty Level (FPL)		181 - 250% of Federal Poverty Level (FPL)	
# of Family Members	If income is between:		If income is between:		If income is between:		If income is between:	
1	\$0	\$14,580	\$14,581	\$20,412	\$20,413	\$26,244	\$26,245	\$36,450
2	\$5,140	\$19,720	\$19,721	\$27,608	\$27,609	\$35,496	\$35,497	\$49,300
3	\$10,280	\$24,860	\$24,861	\$34,804	\$34,805	\$44,748	\$44,749	\$62,150
4	\$15,420	\$30,000	\$30,001	\$42,000	\$42,001	\$54,000	\$54,001	\$75,000
5	\$20,560	\$35,140	\$35,141	\$49,196	\$49,197	\$63,252	\$63,253	\$87,850
6	\$25,700	\$40,280	\$40,281	\$56,392	\$56,393	\$72,504	\$72,505	\$100,700
7	\$30,840	\$45,420	\$45,421	\$63,588	\$63,589	\$81,756	\$81,757	\$113,550
8	\$35,980	\$50,560	\$50,561	\$70,784	\$70,785	\$91,008	\$91,009	\$126,400
Add for Each Additional Person	\$5,140		\$7,196		\$9,252		\$12,850	
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:
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2	\$5,140	\$19,720	\$19,721	\$27,608	\$27,609	\$35,496	\$35,497	\$39,440	\$39,441
3	\$10,280	\$24,860	\$24,861	\$34,804	\$34,805	\$44,748	\$44,749	\$49,720	\$49,721
4	\$15,420	\$30,000	\$30,001	\$42,000	\$42,001	\$54,000	\$54,001	\$60,000	\$60,001
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6	\$25,700	\$40,280	\$40,281	\$56,392	\$56,393	\$72,504	\$72,505	\$80,560	\$80,561
7	\$30,840	\$45,420	\$45,421	\$63,588	\$63,589	\$81,756	\$81,757	\$90,840	\$90,841
8	\$35,980	\$50,560	\$50,561	\$70,784	\$70,785	\$91,008	\$91,009	\$101,120	\$101,121
Add for Each Additional Person	\$5,140		\$7,196		\$9,252		\$10,280		\$10,280
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)									