

MARY'S CENTER

2024 Sliding Fee Discount Schedule

| | 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 | \$15,060 | \$15,061 | \$21,084 | \$21,085 | \$27,108 | \$27,109 | \$30,120 | \$30,121 |
| 2 | \$5,380 | \$20,440 | \$20,441 | \$28,616 | \$28,617 | \$36,792 | \$36,793 | \$40,880 | \$40,881 |
| 3 | \$10,760 | \$25,820 | \$25,821 | \$36,148 | \$36,149 | \$46,476 | \$46,477 | \$51,640 | \$51,641 |
| 4 | \$16,140 | \$31,200 | \$31,201 | \$43,680 | \$43,681 | \$56,160 | \$56,161 | \$62,400 | \$62,401 |
| 5 | \$21,520 | \$36,580 | \$36,581 | \$51,212 | \$51,213 | \$65,844 | \$65,845 | \$73,160 | \$73,161 |
| 6 | \$26,900 | \$41,960 | \$41,961 | \$58,744 | \$58,745 | \$75,528 | \$75,529 | \$83,920 | \$83,921 |
| 7 | \$32,280 | \$47,340 | \$47,341 | \$66,276 | \$66,277 | \$85,212 | \$85,213 | \$94,680 | \$94,681 |
| 8 | \$37,660 | \$52,720 | \$52,721 | \$73,808 | \$73,809 | \$94,896 | \$94,897 | \$105,440 | \$105,441 |
| Add for Each Additional Person | \$5,380 | | \$7,532 | | \$9,684 | | \$10,760 | | \$10,760 |
| Patient Payments: | | | | | | | | | |
| Medical | \$30 | | \$60 | | \$110 | | \$160 | | \$175.00 |
| Prenatal Care | \$850 | | \$1,400 | | \$1,950 | | \$2,500 | | \$3,800.00 |
| Sonography | \$100 | | \$130 | | \$170 | | \$200 | | \$220.00 |
| Behavioral Health (Per Session) | \$5 | | \$10 | | \$30 | | \$50 | | \$70.00 |
| Behavioral Health (4 Session Pack) | \$6 | | \$35 | | \$115 | | \$190 | | \$275.00 |
| Behavioral Health (8 Session Pack) | \$10 | | \$70 | | \$230 | | \$390 | | \$550.00 |
| Nursing | \$10 | | \$20 | | \$40 | | \$60 | | \$75.00 |
| Vaccines | \$23 | | \$23 | | \$23 | | \$23 | | \$23.00 |

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 qualifications.

Discount Schedule based on 2024 Federal Poverty Guidelines, found at [ASPE.hhs.gov](https://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

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 | \$25 | \$50 | \$75 | \$100 |
| | Mirena | \$0 | \$50 | \$100 | \$200 | \$250 |
| | Paraguard | \$0 | \$75 | \$150 | \$250 | \$300 |
| *Oral Contraceptives | | \$0 | \$5 | \$10 | \$15 | \$20 |
| Depo Provera | | \$0 | \$10 | \$20 | \$30 | \$35 |
| Rings (3-pack) | | \$0 | \$5 | \$10 | \$15 | \$15 |
| Patch (3-pack) | | \$0 | \$25 | \$50 | \$75 | \$115 |
| Nexplanon | | \$0 | \$150 | \$300 | \$400 | \$600 |
| Plan B | | \$0 | \$5 | \$20 | \$35 | \$50 |
| Pregnancy Test | | \$0 | \$0 | \$0 | \$0 | \$1 |

Title X Visit

| | Level I | | Level II | | Level III | | Level IV | |
|--------------------------------|---|----------|---|----------|---|----------|---|-----------|
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| # of Family Members | If income is between: | | If income is between: | | If income is between: | | If income is between: | |
| 1 | \$0 | \$15,060 | \$15,061 | \$21,084 | \$21,085 | \$27,108 | \$27,109 | \$37,650 |
| 2 | \$5,140 | \$20,200 | \$20,201 | \$28,280 | \$28,281 | \$36,360 | \$36,361 | \$50,500 |
| 3 | \$10,280 | \$25,340 | \$25,341 | \$35,476 | \$35,477 | \$45,612 | \$45,613 | \$63,350 |
| 4 | \$15,420 | \$30,480 | \$30,481 | \$42,672 | \$42,673 | \$54,864 | \$54,865 | \$76,200 |
| 5 | \$20,560 | \$35,620 | \$35,621 | \$49,868 | \$49,869 | \$64,116 | \$64,117 | \$89,050 |
| 6 | \$25,700 | \$40,760 | \$40,761 | \$57,064 | \$57,065 | \$73,368 | \$73,369 | \$101,900 |
| 7 | \$30,840 | \$45,900 | \$45,901 | \$64,260 | \$64,261 | \$82,620 | \$82,621 | \$114,750 |
| 8 | \$35,980 | \$51,040 | \$51,041 | \$71,456 | \$71,457 | \$91,872 | \$91,873 | \$127,600 |
| Add for Each Additional Person | \$5,140 | | \$7,196 | | \$9,252 | | \$12,850 | |
| Patient Payment | \$0 | | \$60 | | \$110 | | \$160 | |

| DENTAL | | | | | | | | | |
|---|---|----------|---|----------|---|----------|---|-----------|--|
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| # 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 | \$15,060 | \$15,061 | \$21,084 | \$21,085 | \$27,108 | \$27,109 | \$30,120 | \$30,121 |
| 2 | \$5,140 | \$20,200 | \$20,201 | \$28,280 | \$28,281 | \$36,360 | \$36,361 | \$40,400 | \$40,401 |
| 3 | \$10,280 | \$25,340 | \$25,341 | \$35,476 | \$35,477 | \$45,612 | \$45,613 | \$50,680 | \$50,681 |
| 4 | \$15,420 | \$30,480 | \$30,481 | \$42,672 | \$42,673 | \$54,864 | \$54,865 | \$60,960 | \$60,961 |
| 5 | \$20,560 | \$35,620 | \$35,621 | \$49,868 | \$49,869 | \$64,116 | \$64,117 | \$71,240 | \$71,241 |
| 6 | \$25,700 | \$40,760 | \$40,761 | \$57,064 | \$57,065 | \$73,368 | \$73,369 | \$81,520 | \$81,521 |
| 7 | \$30,840 | \$45,900 | \$45,901 | \$64,260 | \$64,261 | \$82,620 | \$82,621 | \$91,800 | \$91,801 |
| 8 | \$35,980 | \$51,040 | \$51,041 | \$71,456 | \$71,457 | \$91,872 | \$91,873 | \$102,080 | \$102,081 |
| 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 | | |
| 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 2024 Federal Poverty Guidelines, found at ASPE.hhs.gov | | | | | | | | | |