



SLIDING FEE DISCOUNT SCHEDULE

	PRIMARY CARE	PHARMACY SERVICES	DENTAL CARE	BEHAVIORAL HEALTH
<u>FPG</u>	<u>SEE</u>	<u>SEE</u>	<u>SEE</u>	<u>SEE</u>
0 - 100%	\$10 Nominal	\$0	\$10 Nominal	\$0
101 - 125%	\$30	80% Discount	80% Discount	\$25
126 - 150%	\$60	60% Discount	60% Discount	\$50
151 - 175%	\$90	40% Discount	40% Discount	\$75
176 - 200%	\$120	20% Discount	20% Discount	\$100
201% plus	Full Charges	Full Charges	Full Charges	Full Charges

The Federal Poverty Guidelines (FPG) published in the Federal Register are generally updated annually to account for increases in the Consumer Price Index; they are also available on the U.S. Health and Human Services website at <http://aspe.hhs.gov/poverty>

Primary Care Services fee covers a face-to-face encounter with a licensed physician (which includes a Medical Doctor, a Doctor of Osteopathy, a Nurse Practitioner, and a Physician Assistant). Diagnostic radiology provided in-house and all diagnostic laboratory fees are included as part of the medical visit fees. There is no charge for the following visit types: Health education by a non-physician, medical assistant, nurse, health insurance enrollment.

Dental Care Services fee covers face-to-face encounters with a licensed Dentist or Hygienist. Laboratory fees are included in the Dental visit fees.

Behavioral Health Services fee covers face-to-face encounter with a Licensed Social Worker, Licensed Marriage Family Therapist, a Psychiatrist, and a Psychologist. There is no charge for group visits and case management visits

NOTE: The fees above do not cover the cost of services provided at other health facilities to which patients may be referred.

OTHER FEES

Acupuncture Exam / Treatment	\$20	Chiropractor Exam / Treatment	\$25
Flu Shot	\$20	Medical Records Request	\$15
Nutritionist Consultation	\$20	Optometry / Ophthalmology Exam	\$25
TB Test (Testing & Reading)	\$10		

FEDERAL POVERTY GUIDELINES 2018

Calculation Chart By Family Size:	Annual 100% FPL	Monthly 100% FPL	Monthly 125% FPL	Monthly 138% FPL	Monthly 150% FPL	Monthly 175% FPL	Monthly 200% FPL
1 person	\$12,140	\$1,012	\$1,265	\$1,396	\$1,518	\$1,770	\$2,023
2 persons	\$16,460	\$1,372	\$1,715	\$1,893	\$2,058	\$2,400	\$2,743
3 persons	\$20,780	\$1,732	\$2,165	\$2,390	\$2,598	\$3,030	\$3,463
4 persons	\$25,100	\$2,092	\$2,615	\$2,887	\$3,138	\$3,660	\$4,183
5 persons	\$29,420	\$2,452	\$3,065	\$3,383	\$3,678	\$4,290	\$4,903
6 persons	\$33,740	\$2,812	\$3,515	\$3,880	\$4,218	\$4,920	\$5,623
7 persons	\$38,060	\$3,172	\$3,965	\$4,377	\$4,758	\$5,550	\$6,343
8 persons	\$42,380	\$3,532	\$4,415	\$4,874	\$5,298	\$6,180	\$7,063

For families/households with more than 8 persons, add \$4,320 annually for each additional person.