



SLIDING FEE & SELF-PAY DISCOUNT PROGRAMS

FQHC - FLAT RATES	Sliding Fee Program #1 0% - 100% FPL	Sliding Fee Program #2 100.01% - 138% FPL	Sliding Fee Program #3 138.01% - 150% FPL	Sliding Fee Program #4 150.01% - 200% FPL	Self-Pay Discount Program #5 200.01% - 350% FPL	Self-Pay Discount Program #6 > - 350% FPL
Primary Care Clinic Visits (per visit)*						
New Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00	\$ 65.00	\$ 130.00
Established Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00	\$ 65.00	\$ 130.00
Specialty Clinic Visits (per visit)*						
New Patient	\$ 25.00	\$ 50.00	\$ 70.00	\$ 80.00	\$ 90.00	\$ 180.00
Established Patient	\$ 25.00	\$ 50.00	\$ 70.00	\$ 80.00	\$ 90.00	\$ 180.00
Mobile Clinic Services (per visit)*						
New or Established Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00	\$ 65.00	\$ 130.00
Urgent Care Visits (per visit)*	\$ 25.00	\$ 75.00	\$ 85.00	\$ 95.00	\$ 115.00	\$ 230.00

NON-FQHC	Sliding Fee Program #1 0% - 100% FPL	Sliding Fee Program #2 100.01% - 138% FPL	Sliding Fee Program #3 138.01% - 150% FPL	Sliding Fee Program #4 150.01% - 200% FPL	Self-Pay Discount Program #5 200.01% - 350% FPL	Self-Pay Discount Program #6 > - 350% FPL
Primary Care Clinic Visits (per visit)*						
New Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00	\$ 65.00	\$ 130.00
Established Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00	\$ 65.00	\$ 130.00
Specialty Clinic Visits (per visit)*						
New Patient	\$ 25.00	\$ 50.00	\$ 70.00	\$ 80.00	\$ 90.00	\$ 180.00
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Urgent Care Visits (per visit)*	\$ 25.00	\$ 75.00	\$ 85.00	\$ 95.00	\$ 115.00	\$ 230.00

HOSPITAL PATIENT COST	Sliding Fee Program #1 0% - 100% FPL	Sliding Fee Program #2 100.01% - 138% FPL	Sliding Fee Program #3 138.01% - 150% FPL	Sliding Fee Program #4 150.01% - 200% FPL	Self-Pay Discount Program #5 200.01% - 350% FPL	Self-Pay Discount Program #6 > - 350% FPL
Emergency Room Services	\$ 150.00	\$ 170.00	\$ 190.00	\$ 210.00	\$ 230.00	\$ 460.00
Inpatient (case rate)	\$ 2,520.00	\$ 2,940.00	\$ 3,360.00	\$ 3,780.00	\$ 4,200.00	\$ 21,000.00
Same Day Surgery	\$ 1,312.00	\$ 1,531.00	\$ 1,750.00	\$ 1,968.00	\$ 2,187.00	\$ 10,935.00
GI Service	\$ 500.00	\$ 600.00	\$ 650.00	\$ 750.00	\$ 850.00	\$ 1,200.00
Colonoscopy	\$ 345.00	\$ 403.00	\$ 460.00	\$ 518.00	\$ 575.00	\$ 1,150.00
OB DELIVERY SERVICE						
Vaginal	\$ 2,700.00	\$ 3,150.00	\$ 3,600.00	\$ 4,050.00	\$ 4,500.00	\$ 9,000.00
C-Section	\$ 3,800.00	\$ 4,400.00	\$ 5,100.00	\$ 5,800.00	\$ 6,400.00	\$ 12,800.00

ANCILLARY SERVICES	Sliding Fee Program #1 0% - 100% FPL	Sliding Fee Program #2 100.01% - 138% FPL	Sliding Fee Program #3 138.01% - 150% FPL	Sliding Fee Program #4 150.01% - 200% FPL	Self-Pay Discount Program #5 200.01% - 350% FPL	Self-Pay Discount Program #6 > - 350% FPL
RADIOLOGY (per series)*						
Interventional Radiology	\$ 878.00	\$ 1,024.00	\$ 1,170.00	\$ 1,316.00	\$ 1,463.00	\$ 1,950.00
CT Scan	\$ 194.00	\$ 226.00	\$ 258.00	\$ 290.00	\$ 323.00	\$ 430.00
Dexa Scan	\$ 38.00	\$ 45.00	\$ 51.00	\$ 57.00	\$ 64.00	\$ 85.00
Nuclear Medicine	\$ 49.00	\$ 57.00	\$ 66.00	\$ 74.00	\$ 82.00	\$ 110.00
Ultra Sound (Organ or Fetal)	\$ 65.00	\$ 76.00	\$ 87.00	\$ 98.00	\$ 109.00	\$ 145.00

MRI Service	\$ 359.00	\$ 419.00	\$ 479.00	\$ 539.00	\$ 599.00	\$ 798.00
LABORATORY (per test)*						
Inhouse Test (per CPT)	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00
Lab Tier 1 - Geno Type and HIV	\$ 300.00	\$ 350.00	\$ 400.00	\$ 450.00	\$ 500.00	\$ 1,000.00
Lab Tier 2 - Chromosome, Marker, DNA	\$ 510.00	\$ 595.00	\$ 680.00	\$ 765.00	\$ 850.00	\$ 1,700.00
Lab Tier 3 - respiratory Virus PCR, Stratefy JVC	\$ 840.00	\$ 980.00	\$ 1,120.00	\$ 1,260.00	\$ 1,400.00	\$ 2,800.00
Lab Tier 4 - Qnatal Advanced	\$ 1,197.00	\$ 1,397.00	\$ 1,596.00	\$ 1,796.00	\$ 1,995.00	\$ 3,990.00
INFUSION						
Chemo Therapy - Admin	\$ 49.00	\$ 57.00	\$ 66.00	\$ 74.00	\$ 82.00	\$ 110.00
Chemo Drug	\$ 376.00	\$ 438.00	\$ 501.00	\$ 564.00	\$ 626.00	\$ 835.00
PHYSICAL THERAPY (per visit)*	\$ 27.00	\$ 31.00	\$ 36.00	\$ 40.00	\$ 45.00	\$ 60.00

SERVICES NOT LISTED ABOVE	Program #1 0% - 100% FPL	Program #2 100.01% - 138% FPL	Program #3 138.01% - 150% FPL	Program #4 150.01% - 200% FPL	Program #5 200.01% - 350% FPL	Program #6 > - 350% FPL
	60% of Medi-Cal Reimbursement	70% of Medi-Cal Reimbursement	80% of Medi-Cal Reimbursement	90% of Medi-Cal Reimbursement	100% of Medi-Cal Reimbursement	150% of Medi-Cal Reimbursement



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Primary Care Clinic Visits (per visit)*				
99201 - 99205 New Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00
99212 - 99215 Established Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00
99391 - 99397 Established Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00
Specialty Clinic Visits (per visit)*				
99381 - 99387 New Patient	\$ 25.00	\$ 50.00	\$ 70.00	\$ 80.00
99391 - 99397 Established Patient	\$ 25.00	\$ 50.00	\$ 70.00	\$ 80.00
Mobile Clinic Services (per visit)*				
99201-99215 New or Established Patient	\$ 10.00	\$ 25.00	\$ 35.00	\$ 45.00
Urgent Care Visits (per visit)*	\$ 25.00	\$ 75.00	\$ 85.00	\$ 95.00

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