

SLIDING FEE SCALE - July 2010

- CLINIC VISITS
- IMPLANON INSERTION/ REMOVAL
- IUD INSERTION/REMOVAL

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
 FAMILY PLANNING PROGRAM
 350 Capitol Street, Room 427
 Charleston, West Virginia 25301-3714

		POVERTY LEVEL				Federal Register/Vol. 75, No.148/August 3, 2010
Family Size	100%	101% - 150%	151% - 200%	201% - 250%	Private Patient - Not Eligible	
1	\$903	\$904 - 1,354	\$1,355 - 1,805	\$1,806 - 2,256	\$2,257+	
2	\$1,214	\$1,215 - 1,821	\$1,822 - 2,428	\$2,429 - 3,035	\$3,036+	
3	\$1,526	\$1,527 - 2,289	\$2,290 - 3,052	\$3,053 - 3,815	\$3,816+	
4	\$1,838	\$1,839 - 2,756	\$2,757 - 3,675	\$3,676 - 4,594	\$4,595+	
5	\$2,149	\$2,150 - 3,224	\$3,225 - 4,298	\$4,299 - 5,373	\$5,374+	
6	\$2,461	\$2,462 - 3,691	\$3,692 - 4,922	\$4,923 - 6,152	\$6,153+	
7	\$2,773	\$2,774 - 4,159	\$4,160 - 5,545	\$5,546 - 6,931	\$6,932+	
8	\$3,084	\$3,085 - 4,626	\$4,627 - 6,168	\$6,169 - 7,710	\$7,711+	

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER ADD:

	\$312	\$467	\$623	\$779	\$780+
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CLINIC VISITS

	PATIENT PAYMENT				
	0%	25%	50%	75%	100%
Interim/Cont.	\$0	\$4.50	\$9.00	\$13.50	Private patient fee determined by clinic
Problem Med.	\$0	\$7.75	\$15.50	\$23.25	
Annual	\$0	\$10.75	\$21.50	\$32.25	
Initial	\$0	\$14.50	\$29.00	\$43.50	

PROGRAM PAYMENT TO CLINIC

	100%	75%	50%	25%	0%
Interim/Cont.	\$18.00	\$13.50	\$9.00	\$4.50	\$0
Problem Med.	\$31.00	\$23.25	\$15.50	\$7.75	\$0
Annual	\$43.00	\$32.25	\$21.50	\$10.75	\$0
Initial	\$58.00	\$43.50	\$29.00	\$14.50	\$0

IMPLANON INSERTION/REMOVAL

	PATIENT PAYMENT				Private patient fee determined by clinic
Insertion/Removal	\$0	\$21.56	\$43.13	\$64.70	
Insertion/Removal	\$0	\$21.56	\$43.13	\$64.70	Private patient fee determined by clinic

PROGRAM PAYMENT TO PROVIDER

Insertion/Removal	\$86.26	\$64.70	\$43.13	\$21.56	\$0
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IUD

	PATIENT PAYMENT				Private patient fee determined by clinic
Insertion	\$0	\$16.40	\$32.81	\$49.22	
Insertion	\$0	\$16.40	\$32.81	\$49.22	Private patient fee determined by clinic
Removal	\$0	\$7.74	\$15.49	\$23.23	Private patient fee determined by clinic

PROGRAM PAYMENT TO PROVIDER

Insertion	\$65.62	\$49.22	\$32.81	\$16.40	\$0
Removal	\$30.97	\$23.23	\$15.49	\$7.74	\$0
Device	Reimbursed at cost including shipping/handling and related taxes				

