SLIDING FEE SCALE - July 2013

- CLINIC VISITS
 NEXPLANON 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 Regist	er/Vol. 78, No.16/Jan. 24, 2013
Family Size	100%	101% - 150%	151% - 200%	201% - 250%	Private Patient - Not Eligible
1	\$958	\$959 - 1,437	\$1,438 - 1,916	\$1,917 - 2,395	\$2,396+
2	\$1,293	\$1,294 - 1,940	\$1,941 - 2,586	\$2,587 - 3,233	\$3,234+
3	\$1,628	\$1,629 - 2,442	\$2,443 - 3,256	\$3,257 - 4,070	\$4,071+
4	\$1,963	\$1,964 - 2,945	\$2,946 - 3,926	\$3,927 - 4,908	\$4,909+
5	\$2,298	\$2,299 - 3,447	\$3,448 - 4,596	\$4,597- 5,745	\$5,746+
6	\$2,633	\$2,634 - 3,950	\$3,951 - 5,266	\$5,267 - 6,583	\$6,584+
7	\$2,968	\$2,969 - 4,452	\$4,453 - 5,936	\$5,937 - 7,420	\$7,421+
8	\$3,303	\$3,304 - 4,955	\$4,956 - 6,606	\$6,607 - 8,258	\$8,259+
NOTE: FOR EACH AD		AMILY MEMBER ADD			\$839+
	\$335	\$503	\$670	\$838	φουστ
CLINIC VISITS			PATIENT PAYMENT	William Constant Held Constant of Con-	
	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	
	100%	PR 75%	OGRAM PAYMENT TO CL 50%	A GARLES AND	
Interim/Cont.	\$18.00	A NUMBER OF STREET STREET STREET STREET	es de servición de la value a la companyone	25%	0%
Problem Med.	\$31.00	\$13.50	\$9.00	\$4.50	\$0
		\$23.25	\$15.50	\$7.75	\$0
Annual	\$43.00 \$58.00	\$32.25	\$21.50	\$10.75	\$0
		\$43.50	\$29.00	\$14.50	\$0
NEXPLANON INS			PATIENT PAYMENT	T	
Insertion/Removal	\$0	\$21.56	\$43.13	\$64.70 	Private patient fee determined by clinic
100			GRAM PAYMENT TO PRO		
Insertion/Removal	\$86.26	\$64.70	\$43.13	\$21.56	\$0
UD	1		PATIENT PAYMENT	<u> </u>	
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
Incoming	#CF 00		GRAM PAYMENT TO PRO		
Insertion	\$65.62	\$49.22	\$32.81	\$16.40	\$0
Removal	\$30.97	\$23.23	\$15.49	\$7.74	\$0
Device	Reimburs	sed at cost including s	hipping/handling and i	related taxes	

