SLIDING FEE SCALE - July 2014

- CLINIC VISITS
 NEXPLANON INSERTION/REMOVAL
- IUD INSERTION/REMOVAL PATIENT DATA COLLECTION

OFFICE OF MATERNAL,	, CHILD AND FAMILY HEALT
FAMILY PLANNING PRO	GRAM
350 Capitol Street, Roon	n 427
Charleston, West Virgin	ia 25301-3714

			POVERTY LEVEL	Federal Regist	Federal Register/Vol. 79, No.14/Jan. 22, 2014	
Family Size	100%	101% - 150%	151% - 200%	201% - 250%	Private Patient - Not Eligible	
1	\$973	\$974 - \$1,459	\$1,460 - \$1,945	\$1,946 - \$2,432	\$2,433+	
2	\$1,311	\$1,312 - \$1,967	\$1,968 - \$2,622	\$2,623 - \$3,278	\$3,279+	
3	\$1,650	\$1,651 - \$2,474	\$2,475 - \$3,299	\$3,300 - \$4,123	\$4,124+	
4	\$1,988	\$1,989 - \$2,982	\$2,983 - \$3,975	\$3,976 - \$4,969	\$4,970+	
5	\$2,326	\$2,327 - \$3,489	\$3,490 - \$4,652	\$4,653 - \$5,815	\$5,816+	
6	\$2,665	\$2,666 - \$3,997	\$3,998 - \$5,329	\$5,330 - \$6,661	\$6,662+	
7	\$3,003	\$3,004 - \$4,504	\$4,505 - \$6,005	\$6,006 - \$7,507	\$7,508+	
8	\$3,341	\$3,342 - \$5,012	\$5,013 - \$6,682	\$6,683 - \$8,353	\$8,354+	
NOTE: FOR EACH AD	DITIONAL F	AMILY MEMBER ADD	:			
	\$339	\$508	\$677	\$846	\$847+	
CLINIC VISITS			PATIENT PAYMENT			
	100%	75%	50%	25%	0%	
Interim/Cont.	\$18.00	\$4.50	\$9.00	\$13.50	\$0	
Problem Med.	\$31.00	\$7.75	\$15.50	\$23.25	\$0	
Annual	\$43.00	\$10.75	\$21.50	\$32.25	\$0	
Initial	\$58.00	\$14.50	\$29.00	\$43.50	\$0	
Private patient fees	are determi	ned by clinic, but MUS	en the patient payment T MEET TITLE X GUID		I at 100%.	
NEXPLANON INSE			PATIENT PAYMENT			
Insertion/Removal	\$0	\$21.56	\$43.13	\$64.70	Private patient fee determined by clinic	
		PRO	GRAM PAYMENT TO PRO	VIDER		
Insertion/Removal	\$86.26	\$64.70	\$43.13	\$21.56	\$0	
UD	_		PATIENT PAYMENT			
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	
	1		GRAM PAYMENT TO PRO I			
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					
PATIENT DATA CO	OLLECTIO	N PRO	GRAM PAYMENT TO PRO	VIDER		
		m and entry into FPED Payment is per patier	S for <i>all reproductive</i>	health patients,	\$5	

