

SLIDING FEE SCALE - July 2015

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

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

Family Size	POVERTY LEVEL				Federal Register/Vol. 80, No.14/Jan. 22, 2015
	100%	101% - 150%	151% - 200%	201% - 250%	Private Patient
1	\$981	\$982 - \$1,472	\$1,473 - \$1,962	\$1,963 - \$2,453	\$2,454+
2	\$1,328	\$1,329 - \$1,992	\$1,993 - \$2,655	\$2,656 - \$3,319	\$3,320+
3	\$1,675	\$1,676 - \$2,646	\$2,647 - \$3,349	\$3,350 - \$4,186	\$4,187+
4	\$2,021	\$2,022 - \$3,032	\$3,033 - \$4,042	\$4,043 - \$5,053	\$5,054+
5	\$2,368	\$2,369 - \$3,552	\$3,553 - \$4,735	\$4,736 - \$5,919	\$5,920+
6	\$2,715	\$2,716 - \$4,072	\$4,072 - \$5,429	\$5,430 - \$6,786	\$6,787+
7	\$3,061	\$3,062 - \$4,592	\$4,593 - \$6,122	\$6,123 - \$7,653	\$7,654+
8	\$3,408	\$3,409 - \$5,112	\$5,113 - \$6,815	\$6,816 - \$8,519	\$8,520+

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER ADD:

	\$347	\$520	\$694	\$867	\$868+
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CLINIC VISITS

PROGRAM PAYMENT TO CLINIC

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

Patient payment to the clinic is the difference between the program payment and the amount listed at 100%. (Example: The program payment for 101-150% is \$13.50. The patient payment would be \$18.00-\$13.50=\$4.50)
 Private pay patient fees are determined by clinic, but MUST MEET TITLE X GUIDELINES.

NEXPLANON INSERTION/REMOVAL

PATIENT PAYMENT TO CLINIC

Insertion/Removal	\$0	\$21.56	\$43.13	\$64.70	Private pay patient fee determined by clinic
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PROGRAM PAYMENT TO CLINIC

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

PATIENT PAYMENT TO CLINIC

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

PROGRAM PAYMENT TO CLINIC

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 COLLECTION

PROGRAM PAYMENT TO CLINIC

Completion of Patient Data Form and entry into FPEDS for <u>all reproductive health patients</u> , regardless of payment method. Payment is per patient.	\$5
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