

		Program 1	Program 2	Program 3	Program 4	Program 5	Program 6
Percent of Federal Poverty Line →		0% - 100% FPL (If not qualify for Charity Care)	100.01% - 138% FPL	138.01% to 150% FPL	150.01% - 200% FPL	200.01% - 350% FPL	> 350% FPL
Primary Care Clinic Visits - Patient Payment (each visit)*							
New Patient: Office or Other Outpatient Visit		\$25	\$35	\$45	\$55	\$65	\$130
Established Patient: Office or Other Outpatient Visit		\$25	\$35	\$45	\$55	\$65	\$130
Established Patient: Periodic Comprehensive Preventive Medicine		\$25	\$35	\$45	\$55	\$65	\$130
Urgent Care Visits		\$75	\$85	\$95	\$105	\$115	\$230
Specialty Clinic Visits & Consults - Patient Payment (each visit)							
New Patient : Initial Comprehensive		\$50	\$60	\$70	\$80	\$90	\$180
Established Patient: Periodic Comprehensive		\$50	\$60	\$70	\$80	\$90	\$180
Emergency Services							
Total Emergency Services	Total Patient Payment	\$150	\$170	\$190	\$210	\$230	\$460
Mobile Clinic Services							
New or Established Patient: Office or Other Outpatient Services		\$25	\$35	\$45	\$55	\$65	\$130
Inpatient Services							
Case Rate	\$21,000 after 5 days switch to Diagnosis Related Group	\$2,520	\$2,940	\$3,360	\$3,780	\$4,200	
Obstetrics (OB) Delivery Service							
Vaginal		\$2,700	\$3,150	\$3,600	\$4,050	\$4,500	\$9,000
C-section		\$3,800	\$4,400	\$5,100	\$5,800	\$6,400	\$12,800
Ancillary Services							
Radiology	X ray	\$19	\$22	\$26	\$29	\$32	\$43
	Mammogram: Screening	\$90	\$104	\$119	\$134	\$149	\$199
	Mammogram: Diagnostic	\$108	\$126	\$144	\$162	\$180	\$241
	Interventional Radiology	\$878	\$1,024	\$1,170	\$1,316	\$1,463	\$1,950
	CT Scan	\$194	\$226	\$258	\$290	\$323	\$430
	Dexa Scan	\$38	\$45	\$51	\$57	\$64	\$85
	Nuclear Medicine	\$49	\$57	\$66	\$74	\$82	\$110
	Ultra Sound Internal Organ:	\$65	\$76	\$87	\$98	\$109	\$145
	Ultra Sound - Fetal	\$65	\$76	\$87	\$98	\$109	\$145
	MRI Service	\$359	\$419	\$479	\$539	\$599	\$798
Laboratory (per test)	Inhouse Test	\$15	\$15	\$15	\$15	\$15	\$14
	Lab Send Out	\$15	\$15	\$15	\$15	\$15	\$14
Rehabilitation (per visit)	Physical Therapy	\$27	\$31	\$36	\$40	\$45	\$60
	Occupational Therapy	\$27	\$31	\$36	\$40	\$45	\$60
Infusion	Infusion Chemo Therapy-Admin	\$49	\$57	\$66	\$74	\$82	\$110
	Infusion Chemo Drug	\$376	\$438	\$501	\$564	\$626	\$835
	Clinic visit-PCP	\$25	\$35	\$45	\$55	\$65	\$130
	Clinic visit-Specialty	\$50	\$60	\$70	\$80	\$90	\$180
	Urgent Care visit	\$75	\$85	\$95	\$105	\$115	\$180
Same Day Surgery							
Case Rate		\$1,312	\$1,531	\$1,750	\$1,968	\$2,187	\$10,935
Gastro Intestinal Care							
		\$500	\$600	\$650	\$750	\$750	\$1,200
Services not listed Above	Discount Rate calculated on a case-by-case basis; will not exceed 100% of the MediCal reimbursement rate pursuant to Health and Safety code sections 127400 through 127446 0% to 100% FPL (60% of total M-Cal reimbursement) 100.01% to 138% FPL (70% of total M-Cal reimbursement) 138.01% to 150% FPL (80% of total M-Cal reimbursement) 150.01% to 200% FPL (90% of total M-Cal reimbursement) 200.01% to 350% FPL (100% of total M-Cal reimbursement)						Discount Rate calculated on a case-by-case basis; will not exceed 50 of billed charges and not less than 150% of the Medical reimbursement