

NON-FQHC Clinics		Program 1 0% - 100% FPL	Program 2 100.01% - 138% FPL	Program 3 138.01% to 150% FPL	Program 4 150.01% - 200% FPL	Program 5 200.01% - 400% FPL	Program 6 >400% FPL
	Schedule A *	\$10.00	\$15.00	\$20.00	\$25.00	Full Charge**	Full Charge**
	Schedule B *	\$15.00	\$20.00	\$25.00	\$30.00	Full Charge**	Full Charge**
	Schedule C *	\$6.00	\$8.00	\$9.00	\$10.00	Full Charge**	Full Charge**
	Schedule D *	\$10.00	\$20.00	\$30.00	\$40.00	Full Charge**	Full Charge**
	Schedule E *	\$20.00	\$40.00	\$50.00	\$80.00	Full Charge**	Full Charge**
	Schedule F *	\$20.00	\$40.00	\$60.00	\$80.00	Full Charge**	Full Charge**
	Schedule G *	\$0.00	\$0.00	\$0.00	\$0.00	Full Charge**	Full Charge**

Based on 2023 Federal Poverty Guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

*See Schedule of Services

**Patient may qualify for the VCMS Self Pay Discount Program

Hospital Patient Cost		Program 1 10% - 100% FPL If does not qualify for Charity Care	Program 2 100.01% - 138% FPL	Program 3 138.01% to 150% FPL	Program 4 150.01% - 200% FPL	Program 5 200.01% - 400% FPL	Program 6 > 400% FPL	
Inpatient Case Rate		\$2,520	\$2,940	\$3,360	\$3,780	\$4,200	\$21,000 After 5 Days switch to DRG	
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	
Emergency Services								
	Emergency Department Visit	\$150	\$170	\$190	\$210	\$230	\$460	
Ancillary Services								
Radiology (per series)	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:							
	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	Inhouse Test	\$15	\$15	\$15	\$15	\$15	\$14	
	Lab Tier 1 - Geno type and HIV \$500	\$300	\$350	\$400	\$450	\$500	\$1,000	
	Lab Tier 2 - Chromosome, Marker, DNA \$850	\$510	\$595	\$680	\$765	\$850	\$1,700	
	Lab Tier 3 - respiratory virus PCR, stratify JCV \$1,400	\$840	\$980	\$1,120	\$1,260	\$1,400	\$2,800	
	Lab Tier 4 - Qnatal advanced \$1,995	\$1,197	\$1,397	\$1,596	\$1,796	\$1,995	\$3,990	
	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	
Same Day Surgery								
	Hourly	\$608	\$709	\$810	\$911	\$1,013	\$2,025	
	Case Rate	\$1,312	\$1,531	\$1,750	\$1,968	\$2,187	\$10,935	
	Max OOP	\$1,216	\$1,418	\$1,620	\$1,822	\$2,025	\$10,125	
GI								
	EGD and Colonoscopy	\$500	\$600	\$650	\$750	\$850	\$1,200	
	EGD or Colonoscopy only	\$345	\$403	\$460	\$518	\$575	\$1,150	
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	

Note: Cash-Pay Patients are offered a discount equal to 50% of billed charges

DISCOUNT PROGRAM SERVICE CLINIC SCHEDULE

Schedule A

	General primary medical care including medically-indicated point-of-care testing, preventive vaccines, stocked medication, X-ray, and health education at point of care *
	Well child services *
	Gynecological care *
	Prenatal including NST *
	Post partum care *
	Urgent care *
	Mental health therapy visits *

Schedule B

	Dietitian visits
	Optometric exam
	Physical therapy
	Pain management
	Podiatry
	Nephrology
	Urology
	Neurology
	Orthopedics (including casts, splints)
	Rheumatology
	Bariatrics (non-procedural services)
	Ultrasounds
	Psychiatry

Schedule C

	Complete blood count
	Basic metabolic panel
	Lipid panel
	Liver panel
	Thyroid stimulating hormone
	HbA1C
	Urinalysis
	Pregnancy test (blood)
	STD test
	Hepatitis test
	HIV Test
	Immunizations
	Pap smear
	Prenatal labs

Schedule D

	Preventive dental services
	Dental x-rays
	Dental fillings
	Dental sealants
	Peridontal scaling and root planing, per quadrant

Schedule E

	Other dental services
	Joint injections
	Colposcopy
	Botox services
	Other services and simple procedures 29 min or less

Schedule F

	Vasectomy
	Circumcision
	Insertion or removal of IUD
	Nexplanon insertion or removal
	Toenail removal
	Other services and procedures 30 min or more

Schedule G

	Blood pressure checks not included in Schedule A
	Retinal screening not included in Schedule A
	X-ray not included in Schedule A
	Nurse visits not included in Schedule A
	In-clinic labs not included in Schedule A

* These encounters includes point of care testing, x-ray, blood pressure checks, nurse encounters, and retinal screening.