

NEVHC

Sliding Fee Scale

APPROVED 7/27/20

Poverty Service Tier	A	B	C	D	E	f - No Discount Full Charges
	<= 100% FPL	>100%-125% FPL	>125%-150% FPL	>150%-175% FPL	>175%-200% FPL	>200% FPL
Persons in family/household						

Fee Schedule	Nominal & Flat Fee					Fee Schedule	
	A	B	C	D	E	100%	Charges
Medical (inc. Telehealth) Psychiatry, Podiatry & Prenatal Visit (Excludes: Lab, Radiology, DME, Pharmacy** and Screening Mammograms sent out-see below)	\$20	\$30	\$40	\$50	\$70	100%	Charges
Behavioral Health Therapy (Mental & Substance Use Disorder***)	\$0	\$5	\$10	\$20	\$30	100%	Charges
Optometry-Retinal Screening Exams only	\$0	\$0	\$0	\$0	\$0	100%	Charges
Preventative Dental**** (Excludes Pharmacy **)	\$20	\$30	\$40	\$50	\$60	100%	Charges
Additional Dental***** (Includes include any diagnostic x-rays or imaging) (Excludes: send out dental lab, e.g., crowns, bridges, implants, dentures and Pharmacy**, etc.)	\$50	\$65	\$80	\$95	\$110	100%	Charges
Nutrition/Health Education/Prev Behavioral Health Ed(individual or group)	\$0	\$0	\$0	\$15	\$25	100%	Charges
Medical Lab Fees--send out	\$0	\$5	\$10	\$15	\$20	100%	Charges
Basic X-ray (excludes advanced imaging & mammography)	\$0	\$5	\$10	\$15	\$20	100%	Charges
Labor and Delivery (Excludes Pharmacy**)	\$700	\$800	\$900	\$1,000	\$1,100	100%	Charges
Mammograms *****	\$10	\$25	\$40	\$55	\$90	100%	Charges (\$100)
Tier 1-Durable Medical Equipment-Basic formulary *****	\$0	\$0	\$0	\$0	\$0	100% charges inc s/h/tax	
Tier 2-Specialty Durable Medical Equipment (discount applied excluding s/h/tax)	75% off	60% off	45% off	30% off	20% off	100% charges inc s/h/tax	
Pharmacy (AAC- Actual Acquisition Cost for drugs (Does not apply to OTC medications-see CHS 12-00006)	AAC + \$7 dispensing fee	AAC + \$9 Dispensing Fee	AAC +\$11 Dispensing Fee	AAC + \$13 Dispensing Fee	AAC + \$14 Dispensing Fee	Full Fee +\$15 dispensing fee	
	Nominal Fee=Flat	Flat	Flat	Flat	Flat	Fee Schedule	

\* For families/households with more than 8 persons, add \$4,320 for each additional person.  
 \*\* Excludes Pharmacy  
 \*\*\* Includes one to one or group counseling by mental health professional or psychiatrist. For substance use services, fees are waived for non-billable visits with SUD counselor or nurse case manager.  
 \*\*\*\* Preventative Dental \*\*\*\*\*Additional Dental Services  
 \*\*\*\*\* For a screening mammogram the patient must pay the fee upfront before the referral is made to the off-site breast center, however, no patient is denied service due to inability to pay.  
 No fees are to be paid to the breast center by the patient per contractual arrangements w/NEVHC.  
 \*\*\*\*\* Optometry is for diagnostic diabetic retinal exams only \*\*\*\*\*DME complies w/LA County MHLA DME formulary

Emergency Services (e.g. Diagnosis and Treatment of acute pain, infection, or swelling).	Level I	Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures and bridges).	Level IV
Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants).	Level II		
Basic Dental Services (e.g. Fillings, simple extractions).	Level III		

Sliding fee Excludes: INS/DMV/Administrative physicals. Patient is notified of any non covered charges before the services are provided and asked to sign an ABN or Treatment plan form for any extra non covered items.  
 Based on FPG published Jan 17, 2020