NEVHC

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Preventation Prev												
Res Schedule Nominal & Fais Fee Nominal & Fais Fee Nominal & Fais Fee Pres Schedule Nominal & Fais Fee Pres Schedule Res Schedule Nominal & Fais Fee Pres Schedule Scale Schedule Schedul	Poverty Service Tier	А	В		С		D			f	- No Discount	t Full Charges
Medical part, exhabation Prophistory, producting A Processing Processing P	Persons in family/household	<= 100% FPL	>100%-125% FPL		>125%-150% FPL		>150-%-175% FPL		>175-%-200% FPL		>200%	FPL
Pyrobinishy Armaday Pyrobinishy Colleges State	Fee Schedule	Nominal & Flat Fee Fee Schedule										nedule
Continue Substitute Life Continue	Psychiatry, Podiatry & Prenatal Visit (Excludes: Lab, Radiology, DME, Pharmacy** and Screening Mammograms sent	\$20	\$30		\$40		\$50		\$70		100%	Charges
Preventative Dental**** [Coclusies Pharmacy**] [Coclusies Pharmacy**] [Coclusies Pharmacy**] [Additional Dontal****** [Coclusies Pharmacy**] [Additional Dontal****** [Coclusies Pharmacy**] [Additional Dontal****** [Coclusies Pharmacy**] [Additional Dontal***** [Coclusies Pharmacy**] [Additional Dontal***** [Coclusies Pharmacy**] [Additional Dontal***** [Coclusies Pharmacy**] [Additional Dontal***** [Coclusies Pharmacy**] [Additional Dontal**** [Additional Dontal*** [Additional Dontal**** [Additional Dontal**** [Additional Dontal*** [Additional Dontal**** [Additional Dontal**** [Additional Dontal**** [Additional Dontal*** [Additional Dontal** [Additional Don	(Mental & Substance Use	\$0	\$5		\$10		\$20		\$30		100%	Charges
Additional Dental*** Additional Dental*** Business and Pharmacy** etc.) Sections: with color integring (Excludes: with out dental false). Gentures and Pharmacy**, etc.) Harrition/Insalth Exacutation/Prove historical Hearition/Insalth Exacutation/Prove historical Social SSS SSS SSS SSS SSS SSS SSS SSS SSS S		\$0	\$0		\$0		\$0		\$0		100%	Charges
(Riculates include any diagnostic x-rays in ringing) (Excludes; and out dental lab, dec. covens, indices, similarits, distinction and February 7. etc.) Nutrition/Realth Education/Free Behavioral 50 50 50 50 515 525 100% Charges leads of the control of the con		\$20	\$30		\$40		\$50		\$60		100%	Charges
Education/Press Behavioral S0	(Includes include any diagnostic x-rays or imaging) (Excludes: send out dental lab, e.g., crowns, bridges, implants, dentures and Pharmacy**,	\$50	\$65		\$80		\$95		\$110		100%	Charges
Basic X-ray (excludes advanced imaging & mammography) Labor and Delivery (Excludes 5700 \$800 \$900 \$1,000 \$1,100 \$100% Charges Mammograms***** \$10 \$25 \$540 \$55 \$90 \$100% Charges Tier 1-Durable Medical Equipment-Basic formulary Tier 2-Specialty Durable Medical Equipment (Biocount applied excluding 4/h/tax ***********************************	Education/Prev Behavioral	\$0	\$0		\$0		\$15		\$25		100%	Charges
Labor and Delivery (Excludes Pharmacy**) Labor and Delivery (Excludes Pharmacy**) Mammograms***** \$10 \$25 \$800 \$500 \$1,000 \$1,100 \$1,00% Charges \$1,000	Medical Lab Feessend out	\$0	\$5		\$10	İ	\$15		\$20		100%	Charges
Mammograms ***** \$10 \$25 \$40 \$55 \$90 \$100% Charges (\$100) Charges (\$100) Tier 1-Durable Medical Equipment Basic formulary Tier 2-Specialty Durable Medical Equipment (discount applied examination and sealants). \$50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$		\$0	\$5		\$10		\$15		\$20		100%	Charges
Mammograms 310 323 340 333 350 100% (\$100) Tier 2-Durable Medical Equipment-Basic formulary 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		\$700	\$800		\$900		\$1,000		\$1,100		100%	Charges
Equipment-Basic formulary Tier 2-Specialty Durable Medical Equipment (discourt applied excluding s/h/tax Pharmacy (AAC- Actual Acquisition Cost for drugs (Does not apply to OTC medications-see CH512- 00006) Nominal Fee-Flot Flot Flot Flot Flot Flot Flot Flot	Mammograms ******	\$10	\$25		\$40		\$55		\$90		100%	
Equipment (discount applied excluding s/h/tax Pharmacy (AAC- Actual Acquisition Cost for drugs (Does not apply to OTIC medications-see CHS 12 00006) Nominal Fee=Flat Flat	Equipment-Basic formulary	\$0	\$0		\$0		\$0		\$0		100% charges inc s/h/tax	
Acc + \$7 dispensing fee (Does not apply to OTE medications-see CHS 12-00006) Nominal Fee=Flot Flot Flot Flot Flot Flot Flot Flot	Equipment (discount applied	75% off	60% off		45% off		30% off		20% off		100% charges inc s/h/tax	
*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). Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants). Level I Level II Level II Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures are bridged.	Acquisition Cost for drugs (Does not apply to OTC medications-see CHS 12-		AAC + \$9 Dispensing Fee		AAC +\$11 Dispensing Fee						Full Fee +\$15 dispensing fee	
*** 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). Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants). Level I Level II Level II Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures are bridged.	,	Nominal Fee=Flat	Flat	· '	Flat		Flat	_	Flat		Fee Sch	edule
********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). Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants). Level II Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures are bridged).	** 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.											
acute pain, infection, or swelling). Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants). Level II Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures, full dentures). Level II						m	ulary					
Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants). Level II canals, crowns, partial dentures, full dentures are bridged.			eatment of Level I									
Basic Dental Services (e.g. Fillings, simple extractions). Level III	Primary Prevention (e.	g. Education, cleani	ng, fluoride, Level II				canals, crowns, partial dentures, full dentures					
	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