

NEVHC SLIDING FEE SCALE				EFFECTIVE 8/31/20			
Poverty Service Tier	A	B	C	D	E	F - No Discount Full Charges	
	<= 100%	>100% -125%	>125% -150%	>150-% -175%	>175-% -200%	>200%	
Federal Poverty Level (FPL)							
	Nominal & Flat Fee					Fee Schedule	
Medical (inc. Telehealth) Psychiatry, Podiatry & Prenatal Visit (Excludes: Lab, Radiology, DME, Pharmacy① and Screening Mammograms sent out-see below)	\$20	\$30	\$40	\$50	\$70	100%	Charges
Behavioral Health Therapy (Mental & Substance Use Disorder②)	\$0	\$5	\$10	\$20	\$30	100%	Charges
Optometry-Retinal Screening Exams only⑥	\$0	\$0	\$0	\$0	\$0	100%	Charges
Preventative Dental③ (Excludes Pharmacy①)	\$20	\$30	\$40	\$50	\$60	100%	Charges
Additional Dental④ (Includes include any diagnostic x-rays or imaging) (Excludes: send out dental lab, e.g., crowns, bridges, implants, dentures and Pharmacy①, 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 Pharmacy①)	\$700	\$800	\$900	\$1,000	\$1,100	100%	Charges
Mammograms⑤	\$10	\$25	\$40	\$55	\$90	100%	Charges (\$100)
Tier 1-Durable Medical Equipment-Basic formulary ⑦	\$0	\$0	\$0	\$0	\$0	100% charges inc s/h/tax	
Tier 2-Specialty DME (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) Dispensing Fee (DF)	AAC + \$7 DF	AAC + \$9 DF	AAC +\$11 DF	AAC + \$13 DF	AAC + \$14 DF	Full Fee +\$15 DF	
①Excludes Pharmacy							
②Includes 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.							
③ Preventative Dental				④Additional Dental Services			
⑤For a screening mammogram the pt must pay the fee upfront before the referral is made to the off- site breast center, however, no pt 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.							
⑥ Optometry is for diagnostic diabetic retinal exams only				⑦DME complies w/LA County MHLA DME formulary			

Emergency Services (e.g. Diagnosis and Treatment of acute pain, infection, or swelling).	Level I
Primary Prevention (e.g. Education, cleaning, fluoride, examination and sealants).	Level II
Basic Dental Services (e.g. Fillings, simple extractions).	Level III

Advanced Dental Services (e.g. Root canals, crowns, partial dentures, full dentures and bridges).	LEVEL IV
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