

(7/28/25) EXHIBIT C: NEVHC SLIDING FEE							
Poverty Service Tier	A	B	C	D	E	F- No Discount Full Charges	
Federal Poverty Level (FPL)	<= 100%	>100% - 125%	>125% - 150%	>150%- 175%	>175%- 200%	>200%	
	Nominal & Flat Fee					Fee Schedule	
Medical (inc. Telehealth) Psychiatry, Podiatry & Prenatal Visit (Excludes: Lab, Radiology, DME, Pharmacy ^① and Screening Mammograms sent out-see below)	\$20	\$30	\$40	\$50	\$70	100%	Charges
MNT with RDN, Behavioral Health Therapy w/licensed therapist ^②)	\$0	\$5	\$10	\$20	\$30	100%	Charges
Optometry-Retinal Screening Exams only ^⑥	\$0	\$0	\$0	\$0	\$0	100%	Charges
Preventative Dental ^③ (Excludes Pharmacy ^①)	\$20	\$30	\$40	\$50	\$60	100%	Charges
Additional Dental ^④ (Includes any diagnostic x-rays or imaging) (Excludes: send out dental lab, e.g., crowns, partials, full dentures and Pharmacy ^① , etc.)	\$50	\$65	\$80	\$95	\$110	100%	Charges
Ind or Group Gen Nutrition/Health Education/Prev Behavioral Health Ed; Sub Use counseling w/SUD counselor; Clinical Pharm	\$0	\$0	\$0	\$0	\$0	100%	Charges
Medical Lab Fees--send out	\$0	\$10	\$20	\$30	\$40	100%	Charges
Basic X-ray (excludes advanced imaging & mammography)	\$0	\$10	\$20	\$30	\$40	100%	Charges
Specialty Labs-send out (ex: OB genetic testing)	\$0	\$50	\$100	\$150	\$200	100%	Charges
Labor and Delivery (Excludes Pharmacy ^①)	\$700	\$800	\$900	\$1,000	\$1,100	100%	Charges
Mammograms ^⑤ /Prenatal Ultrasound (on site)	\$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	
^① Excludes Pharmacy ^② Includes individual therapy with mental health professional (non MD). MNT is individual with Registered Dietitian. ^③ Preventative Dental ^④ Additional Dental Services ^⑤ For 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 ^⑦ DME 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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