

SLIDING FEE SCALE - July 2008

- CLINIC VISITS
- NORPLANT REMOVAL
- IUD INSERTION/REMOVAL

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
 FAMILY PLANNING PROGRAM
 350 Capitol Street, Room 427
 Charleston, West Virginia 25301-3714

		POVERTY LEVEL			Federal Register/Vol. 73, No.15/January 23, 2008
Family Size	100%	101% - 150%	151% - 200%	201% - 250%	Private Patient - Not Eligible
1	\$867	\$868 - 1,300	\$1,301 - 1,733	\$1,734 - 2,167	\$2,168+
2	\$1,167	\$1,668 - 1,750	\$1,751 - 2,333	\$2,334 - 2,917	\$2,918+
3	\$1,467	\$1,468 - 2,200	\$2,201 - 2,933	\$2,934 - 3,667	\$3,668+
4	\$1,767	\$1,768 - 2,650	\$2,651 - 3,533	\$3,534 - 4,417	\$4,418+
5	\$2,067	\$2,068 - 3,100	\$3,101 - 4,133	\$4,134 - 5,167	\$5,168+
6	\$2,367	\$2,368 - 3,550	\$3,551 - 4,733	\$4,734 - 5,917	\$5,918+
7	\$2,667	\$2,668 - 4,000	\$4,001 - 5,333	\$5,334 - 6,667	\$6,668+
8	\$2,967	\$2,968 - 4,450	\$4,451 - 5,933	\$5,934 - 7,417	\$7,418+

NOTE: FOR EACH ADDITIONAL FAMILY MEMBER, ADD:

	\$300	\$450	\$600	\$750	\$751+
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CLINIC VISITS

	PATIENT PAYMENT				
	0%	25%	50%	75%	100%
Interim/Cont.	\$0	\$4.50	\$9.00	\$13.50	Private patient fee determined by clinic
Problem Med.	0	\$7.75	\$15.50	\$23.25	
Annual	0	\$10.75	\$21.50	\$32.25	
Initial	0	\$14.50	\$29.00	\$43.50	

PROGRAM PAYMENT TO CLINIC

	100%	75%	50%	25%	0%
Interim/Cont.	\$18.00	\$13.50	\$9.00	\$4.50	\$0
Problem Med.	31.00	\$23.25	\$15.50	\$7.75	\$0
Annual	43.00	\$32.25	\$21.50	\$10.75	\$0
Initial	58.00	\$43.50	\$29.00	\$14.50	\$0

NORPLANT REMOVAL

	PATIENT PAYMENT				
Removal	\$0	\$25.00	\$50.00	\$75.00	Private patient fee determined by clinic

PROGRAM PAYMENT TO PROVIDER

Removal	\$100.00	\$75.00	\$50.00	\$25.00	\$0
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IUD

	PATIENT PAYMENT				
Insertion	\$0	\$16.40	\$32.81	\$49.22	Private patient fee determined by clinic
Removal	\$0	\$7.74	\$15.49	\$23.23	Private patient fee determined by clinic

PROGRAM PAYMENT TO PROVIDER

Insertion	\$65.62	\$49.22	\$32.81	\$16.40	\$0
Removal	\$30.97	\$23.23	\$15.49	\$7.74	\$0
Device	Reimbursed at cost including shipping/handling and related taxes				

