

United Community Health Center – Maria Auxiliadora, Inc.
Sliding Fee Discount Program - (SFDP)
Fee Schedule Grid
Effective 02/01/2023

Monthly Income amounts for Sliding Fee Category

Payor Category	A	B	C	D	E
Household Size	0 – 100% Nominal Fee \$25.00	101 – 133% \$35.00	134 – 167% \$45.00	168 – 200% \$55.00	Above 200% Full Charges No Discount
1	\$1,215	\$1,616	\$2,029	\$2,430	\$2,431+
2	\$1,643	\$2,186	\$2,744	\$3,287	\$3,288+
3	\$2,072	\$2,755	\$3,460	\$4,143	\$4,144+
4	\$2,500	\$3,325	\$4,175	\$5,000	\$5,001+
5	\$2,928	\$3,895	\$4,890	\$5,857	\$5,858+
6	\$3,357	\$4,464	\$5,606	\$6,713	\$6,714+
7	\$3,785	\$5,034	\$6,321	\$7,570	\$7,571+
8	\$4,213	\$5,604	\$7,036	\$8,427	\$8,428+
For households with more than 8 members, add the following for each additional member	\$428	\$570	\$715	\$857	\$858+

Annual Income amounts for Sliding Fee Category

Payor Category	A	B	C	D	E
Household Size	0 – 100% Nominal Fee \$25.00	101 – 133% \$35.00	134 – 167% \$45.00	168 – 200% \$55.00	Above 200% Full Charges No Discount
1	\$14,580	\$19,391	\$24,349	\$29,160	\$29,161+
2	\$19,720	\$26,228	\$32,932	\$39,440	\$39,441+
3	\$24,860	\$33,064	\$41,516	\$49,720	\$49,721+
4	\$30,000	\$39,900	\$50,100	\$60,000	\$60,001+
5	\$35,140	\$46,736	\$58,684	\$70,280	\$70,281+
6	\$40,280	\$53,572	\$67,268	\$80,560	\$80,561+
7	\$45,420	\$60,409	\$75,851	\$90,840	\$90,841+
8	\$50,560	\$67,245	\$84,435	\$101,120	\$101,121+
For 8 or more add per person	\$5,140	\$6,836	\$8,584	\$10,280	\$10,281+

Discounted Services and Fees

Payor Category	A	B	C	D	E
Office Visit Covers all in-house labs, all in-office procedures, therapeutic Injections an Allergy Injections.	\$25	\$35	\$45	\$55	Full Charges*
Outside Laboratory Fee covers all tests ordered on the same date (regardless of date of service). LabCorp is the only lab contracted to provide lab services for SFDP patients. Orders valid from UCHC providers ONLY	\$35	\$45	\$55	\$65	Full Charges*
Outside Radiology Fee is per each test ordered . Radiology Ltd. is the only radiology provider contracted to provide radiology services for SFDP patients. Orders valid from referral from UCHC providers ONLY Payment MUST be received before referral is given to patient	\$35	\$45	\$55	\$65	Full Charges*
Dental Patient pays percentage for all billed charges. Fees are based on Dental Fee Schedule. Dental Discounts are up to age 20 only.	25%	35%	45%	55%	Full Charges*
340B Pharmacy Pharmacy discounts the 340B discount plan are available at participating: Avita and Walgreens Prices vary please contact the pharmacy directly. Payments due to Pharmacy directly.	\$6	\$10 + Cost	\$14 + Cost	\$16 + Cost	Full Charges*

Additional Services (See note below regarding admin fee)	Fees Regardless of Payor Category
Flu Shots	\$25.00
Pneumococcal	\$80.00
Prevnar	\$80.00
Tetanus Booster	\$10.00
T-dap	\$45.00
TB Skin Test	\$13.00
Prothrombin (PT/INR)	\$5.00
Depo Provera	\$40.00
Liletta IUD	\$200.00
Nebulizer	\$45.00

*Patient can qualify for 30% self-pay discount if charges are paid in full on date of service.

Immunization administration fee is charged only to patients 19 years of age or older. There is no charge for patients under 19 years of age.