Updated: 5.18.23



SLIDING FEE DISCOUNT SCHEDULE

It is the policy of Orchid Health to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income.

FPL	<=100%	100-125%	125-150%	150-175%	175-200%	200-250%
Immunization Admin.	\$0	\$5	\$5	\$5	\$5	\$5
Blood draw	\$0	\$5	\$5	\$5	\$5	\$5
Urine pregUrinalysis	\$0	\$5	\$5	\$5	\$5	\$5
Blood Glucose Test						
Rapid mono / Rapid Strep / TB	\$0	\$5	\$5	\$5	\$5	\$5
Test / Rapid A1C						
EKG	\$0	\$5	\$5	\$5	\$5	\$5
Influenza test	\$0	\$15	\$15	\$15	\$15	\$15
Drug test	\$0	\$15	\$15	\$15	\$15	\$15
MA/Nurse visit	\$0	\$15	\$15	\$15	\$15	\$15
Sports Physical	\$0	\$25	\$25	\$25	\$25	\$25
Behavioral health visit = 30 min	\$0	\$20	\$25	\$30	\$30	\$30
Behavioral health visit = 60 min	\$0	\$40	\$50	\$60	\$60	\$60
Provider visit = 15 min	\$0	\$20	\$25	\$30	\$35	\$40
Provider visit = 30 min	\$0	\$40	\$50	\$60	\$70	\$80
Provider visit = 60 min	\$0	\$80	\$100	\$120	\$140	\$160
Telephone visit	\$0	\$10	\$10	\$10	\$10	\$10
Family Size	0-100%	101-125%	126-150%	151-175%	176-200%	201-250%
1	\$1215	\$1519	\$1823	\$2126	\$2430	\$3038
2	\$1643	\$2054	\$2465	\$2876	\$3287	\$4108
3	\$2072	\$2590	\$3108	\$3625	\$4143	\$5179
4	\$2500	\$3125	\$3750	\$4375	\$5000	\$6250
5	\$2928	\$3660	\$4393	\$5125	\$5857	\$7321
6	\$3357	\$4196	\$5035	\$5874	\$6713	\$8392
7	\$3785	\$4731	\$5678	\$6624	\$7570	\$9463
8	\$4213	\$5267	\$6320	\$7373	\$8427	\$10533
Each additional	\$368	\$460	\$552	\$644	\$737	\$921
SBHC student	\$0	\$0	\$0	\$0	\$0	\$0

Orchid Health SFD Schedule Effective 1.1.23

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