

Maricopa Integrated Health System
Sliding Fee Discount Schedule for Uninsured Patients
Effective 5/15/17

Coverage Categories	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201
Emergency Inpatient & Observation Surgery/Services	\$100 deposit - Balance billed at 25% of Medicare rate	\$200 deposit - Balance billed at 25% of Medicare rate	\$300 deposit - Balance billed at 50% of Medicare rate	\$400 deposit - Balance billed at 50% of Medicare rate	\$500 deposit - Balance billed at 100% of Medicare rate
Urgent Inpatient Surgery/Services	\$500 deposit - Balance billed at 25% of Medicare rate	\$500 deposit - Balance billed at 25% of Medicare rate	\$600 deposit - Balance billed at 50% of Medicare rate	\$600 deposit - Balance billed at 50% of Medicare rate	\$700 deposit - Balance billed at 100% of Medicare rate
Elective Inpatient Services	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
Urgent Outpatient Surgery	\$500 deposit - Balance billed at 100% of Medicare rate	\$500 deposit - Balance billed at 100% of Medicare rate	\$600 deposit - Balance billed at 100% of Medicare rate	\$600 deposit - Balance billed at 100% of Medicare rate	\$700 deposit - Balance billed at 100% of Medicare rate
Elective Outpatient Surgery/Procedures	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
CHC/FHC Visit*	\$50 per visit	\$70 per visit	\$80 per visit	\$90 per visit	100% of Medicare rate - 100% due prior to service
Outpatient Ancillary Services (Imaging and Lab)	25% of Medicare rate - 50% due prior to service	25% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	100% of Medicare rate - 100% due prior to service
Outpatient Behavioral Health - Family Psychosocial Education and First Break Clinic	25% of MMIC Rate	25% of MMIC Rate	50% of MMIC Rate	50% of MMIC Rate	100% of MMIC Rate
Emergency Department Services	\$100 per visit	\$100 per visit	\$150 per visit	\$150 per visit	100% of Medicare rate per visit - \$200 due at discharge
Pharmacy	100% cost + \$12	100% cost + \$12	115% cost + \$13	115% cost + \$13	150% cost + \$15
Diagnostic Dental Services** & ***	\$35 Nominal Charge	\$45 Nominal Charge	\$55 Nominal Charge	\$65 Nominal Charge	\$75 Nominal Charge
Restorative Dental Services***	70% of Delta Dental allowable rates	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates
Dental Lab Services***	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental allowable rates

Notes

*CHC/FHC visits not covered under the FQHC Sliding Fee Discount Schedule

**Diagnostic Dental Services are inclusive of the following procedures:

D0120 - Periodic Exam, D0140 - Limited Exam, D0150 - Comp Exam

D0210 - Full Mouth X-ray Series, D0220 - 1st PA Film, D0230 - Each additional Film,

D0330 - Panoramic Film

D0270 Bitewings-1 Film, D0272 Bitewings-2 films, D0273 Bitewings-3Films, D0274 Bitewings-4 Films, D0277 Vertical Bitewings

***Dental visits not covered under the FQHC Sliding Fee Discount Schedule Nominal Charge

Maternity Package Rates - AZ Resident - Non Maricopa County Resident			Maternity Package Rates - AZ & Maricopa County Resident	
Description of Services	Paid in Full 90 Days Prior or Before Discharge	Paid in Full Today	Paid in Full 90 Days Prior or Before Discharge	Paid in Full Today
Normal Vaginal Delivery	\$6,500	\$5,400	\$5,456	\$4,350
Normal Vaginal Delivery w/Tubal	\$6,900	\$5,800	\$5,800	\$4,700
Unplanned - Emergency Cesarean Section Delivery - Additional Charge	\$1,850	Not Applicable	\$1,750 additional	Not Applicable
Planned - Cesarean Section Delivery	\$7,700	\$6,500	\$6,614	\$6,050
Bilateral Tubal Ligation with Cesarean Section Delivery - Additional Charge	\$75 additional	\$75 additional	\$50 additional	\$50 additional
Twins - Additional Charge	\$350 additional	\$350 additional	\$200 additional	\$200 additional

Behavioral Health Outpatient Residency Clinics	
Services	Co-Pay
Adult Group Therapy	\$5.00
Child Appointment	\$7.00
Adult Psychotherapy	\$12.00
Medication Mgmt.	\$30.00
Intake Assessment	\$50.00

Maricopa Integrated Health System
Federally Qualified Health Center Sliding Fee Discount Schedule
Effective 10/2018

Medical

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Primary Care includes Seventh Avenue Walk-In Clinic	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	No Discount
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	No Discount

Dental

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Diagnostic Dental Services	\$35 Nominal Charge + Cost of Supplies	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount
Restorative Dental Services	\$100 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount
Dental Lab Services	\$100 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount