

**Maricopa Integrated Health System**

**Sliding Fee Discount Schedule for Uninsured Patients**

Effective 9/1/18

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 or Urgent Inpatient & Outpatient Surgery or Procedures	\$0	\$200 deposit - Balance billed at 25% of Medicare rate	\$300 deposit - Balance billed at 50% of Medicare rate	\$400 deposit - Balance billed at 75% of Medicare rate	\$500 deposit - Balance billed at 100% of Medicare rate
Elective Inpatient & Outpatient Surgery or 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
Comprehensive Health Center or Family Health Center Speciality Visits *	\$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	75% of Medicare rate - 100% due prior to service	100% of Medicare rate - 100% due prior to service
Outpatient Behavioral Health (except residency clinics)	\$0	25% of the Mediciad rate	50% of the Mediciad rate	75% of the Mediciad rate	100% of the Mediciad rate
Emergency Department Services	\$75 per visit	\$100 per visit	\$150 per visit	\$175 per visit	100% of Medicare rate per visit - \$200 due at discharge
Pharmacy	100% cost	100% cost + \$12	115% cost + \$13	125% cost + \$14	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		AZ & Maricopa County Resident	
	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