

FAMILY PLANNING SLIDING FEE SCALE PERCENTAGE OF MAXIMUM CHARGE-Effective 1/17/2017

Use your income and family size to determine your contribution level

Family Size	Income Range for 0% contribution		Income Range for 25% contribution		Income Range for 50% contribution		Income Range for 75% contribution		Range for 100% Contribution
1	0--	12,060	12,061	18,090	18,091	24,120	24,121	30,150	30,151
2	0--	16,240	16,241	24,360	24,361	32,480	32,481	40,600	40,601
3	0--	20,420	20,421	30,630	30,631	40,840	40,841	51,050	51,051
4	0--	24,600	24,601	36,900	36,901	49,200	49,201	61,500	61,501
5	0--	28,780	28,781	43,170	43,171	57,560	57,561	71,950	71,951
6	0--	32,960	32,961	49,440	49,441	65,920	65,921	82,400	82,401
7	0--	37,140	37,141	55,710	55,711	74,280	74,281	92,850	92,851
8	0--	41,320	41,321	61,980	61,981	82,640	82,641	103,300	103,301
For each additional family member	\$4,180		\$6,270		\$8,360		\$10,450		\$10,451
% to charge	0%		25%		50%		75%		100%

Western U.P. Health Department Family Planning Sliding Fee Scale-10/01/2016

* See chart above to determine your contribution level

Visit Type	Donation				Full Price
	0%*	25%*	50%*	75%*	100%*
Initial Visit 12-17y with pap	\$0.00	\$51.25	\$102.50	\$153.75	\$205.00
Initial Visit 18-39y with pap	\$0.00	\$51.25	\$102.50	\$153.75	\$205.00
Initial Visit 40-64y with pap	\$0.00	\$60.00	\$120.00	\$180.00	\$240.00
Initial Visit w/o pap	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
Annual Visit 12-17y with pap	\$0.00	\$48.75	\$97.50	\$146.25	\$195.00
Annual Visit 18-39y with pap	\$0.00	\$48.75	\$97.50	\$146.25	\$195.00
Annual Visit 40-64y with pap	\$0.00	\$48.75	\$97.50	\$146.25	\$195.00
Annual Visit w/o pap	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
Counseling Visit	\$0.00	\$7.50	\$15.00	\$22.50	\$30.00
Supplies Only Visit	NC	NC	NC	NC	NC
Injection Visit	\$0.00	\$7.50	\$15.00	\$22.50	\$30.00
Diaphragm Fit Visit	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
Medical Repap Visit	\$0.00	\$15.00	\$30.00	\$45.00	\$60.00
Medical Revisit-Problem	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
STD Visit with Nurse	\$0.00	\$7.50	\$15.00	\$22.50	\$30.00
STD Visit with Nurse Practitioner	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
VF Check New Patient	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
VF Check Established	\$0.00	\$15.00	\$30.00	\$45.00	\$60.00
Lab					

Pap Test	NC	NC	NC	NC	NC
HPV Testing	\$0.00	\$12.50	\$25.00	\$37.50	\$50.00
Breast Exam	NC	NC	NC	NC	NC
Chlamydia Immunoassay	\$0.00	\$9.64	\$19.27	\$28.91	\$38.54
Chlamydia Immunoassay-voucher	NC	NC	NC	NC	NC
Chlamydia/Gonorrhea Culture	\$0.00	\$19.27	\$38.54	\$57.81	\$77.08
Hemoglobin	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Vaginal Smear	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Urinalysis Dipstick	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Pregnancy Test Urine	\$0.00	\$3.00	\$6.00	\$9.00	\$12.00
VDRL Serology	NC	NC	NC	NC	NC
HBV (Hep B) Test	NC	NC	NC	NC	NC
Hep C Test	NC	NC	NC	NC	NC
Venipuncture	\$0.00	\$7.50	\$15.00	\$22.50	\$30.00
Orasure/Alere HIV Test	NC	NC	NC	NC	NC
Herpes Simplex Virus PCR	\$0.00	\$25.00	\$50.00	\$75.00	\$100.00
Contraceptive Supplies					
Condoms, 1 doz.	NC	NC	NC	NC	NC
Diaphragm 1 unit	\$0.00	\$15.00	\$30.00	\$45.00	\$60.00
Depo Provera	\$0.00	\$13.25	\$26.50	\$39.75	\$53.00
Jelly, Cream or Foam	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Oral Contraceptives	\$0.00	\$5.00	\$10.00	\$15.00	\$20.00
Nuvaring	\$0.00	\$20.00	\$40.00	\$60.00	\$80.00
Mirena	\$0.00	\$77.50	\$155.00	\$232.50	\$310.00
Paragard	\$0.00	\$48.75	\$97.50	\$146.25	\$195.00
Pharmaceutical Supplies					
Acyclovir 400 mg	\$0.00	\$2.50	\$5.00	\$7.50	\$10.00
Amoxicillin 500 mg	\$0.00	\$3.75	\$7.50	\$11.25	\$15.00
Bactrim DS	\$0.00	\$3.75	\$7.50	\$11.25	\$15.00
Cefixime 400 mg	NC	NC	NC	NC	NC
Clindamycin 150 mg	NC	NC	NC	NC	NC
Doxycycline 100 mg	NC	NC	NC	NC	NC
Fluconazole 150 mg #1	\$0.00	\$3.75	\$7.50	\$11.25	\$15.00
Hep B Vaccine	NC	NC	NC	NC	NC
Metronidazole #4	NC	NC	NC	NC	NC
Metronidazole #14	NC	NC	NC	NC	NC
Emergency Contraceptive (Plan B)	\$0.00	\$6.25	\$12.50	\$18.75	\$25.00
Zithromax 1 gm	NC	NC	NC	NC	NC