

CARE ALLIANCE SLIDING FEE SCHEDULE

Effective April 1, 2024 Care Alliance is pleased to provide services to you today on a discounted, sliding fee schedule based on your income and family size according to Federal Poverty Level (FPL) guidelines. Your bill for today's service will be calculated as follows:

Family Size	SLIDE SCALE A (0%-100% FPL)		SLIDE SCALE B (101%-125% FPL)		SLIDE SCALE C (126%- 150% FPL)		SLIDE SCALE D (151%- 175% FPL)		SLIDE SCALE E (176%- 200% FPL)		SLIDE SCALE F (201% and above FPL)
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	MORE THAN
1	0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,120
2	0	20,440	20,441	25,550	25,551	30,660	30,661	35,770	35,771	40,880	40,880
3	0	25,820	25,821	32,275	32,276	38,730	38,731	45,185	45,186	51,640	51,640
4	0	31,200	31,201	39,000	39,001	46,800	46,801	54,600	54,601	62,400	62,400
5	0	36,580	36,581	45,725	45,726	54,870	54,871	64,015	64,016	73,160	73,160
6	0	41,960	41,961	52,450	52,451	62,940	62,941	73,430	73,431	83,920	83,920
7	0	47,340	47,341	59,175	59,176	71,010	71,011	82,845	82,846	94,680	94,680
8	0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,440

CHARGES						
Medical Visits*	\$4	\$10	\$15	\$20	\$25	Full Fee
Behavioral Health Visits	\$4	\$10	\$15	\$20	\$25	Full Fee
Dental Visits	\$20	\$25	\$35	\$45	\$55	Full Fee
Dentures/ Resin Partials**	\$350	\$450	\$500	\$600	\$700	Full Fee
Crowns (PFM, Porcelain)**	\$300	\$400	\$500	\$600	\$700	Full Fee
Cast Partals***	\$400	40% of Full Fee	55% of Full Fee	70% of Full Fee	85% of Full Fee	Full Fee
Other Major Dental work*** (RCT, add tooth etc.)	\$400	45% of Full Fee	55% of Full Fee	70% of Full Fee	85% of Full Fee	Full Fee

For families /households with more than 8 persons add \$5,380 for each additional member

IMPORTANT!

If you are single and your income is below \$15,060 the majority of your bill will be paid with funding we receive from the Bureau of Primary Health Care, local foundations and other contributions.

*There are additional fees, based on family size and income, for devices such as Long Acting Reversible Contraception (LARC). You will be notified in advance to discuss options, including payment.

The charge for dentures & resin partials and crowns is a one-time fee. *For other procedures considered major dental work, i.e., cast partals, bridges, root canals, etc., you will be charged flat fee for Slide Scale A and a percentage of the full fee for all other Slide Scales based on family size and income. Please speak with a Patient Service Representative regarding any questions about this Sliding Fee Schedule and program including definition of income and family size. Please see our pharmacy for questions regarding cost of prescriptions, which are NOT part of this Fee Schedule.

CARE ALLIANCE HEALTH CENTER

VIGENTE EN 2024 (1 ° de abril 2024)

Care Alliance se complace en brindar servicios para usted hoy en un programa de tarifas móviles y reducidas según su ingreso. Su factura para el servicio de hoy se calculará de la siguiente manera:

Tamaño de familia	ESCALA A 0-100% FPL		ESCALA B 101-125% FPL		ESCALA C 126-150% FPL		ESCALA D 151-175% FPL		ESCALA E 176-200% FPL		ESCALA F 201% FPL and above
	DE	Para	DE	Para	DE	Para	DE	Para	DE	Para	MÁS QUE
1	0	\$15,060	15,061	\$18,825	18,826	\$22,590	22,591	\$26,355	26,356	\$30,120	\$30,120
2	0	20,440	20,441	\$25,550	25,551	\$30,660	30,661	\$35,770	35,771	\$40,880	\$40,880
3	0	25,820	25,821	\$32,275	32,276	\$38,730	38,731	\$45,185	45,186	\$51,640	\$51,640
4	0	31,200	31,201	\$39,000	39,001	\$46,800	46,801	\$54,600	54,601	\$62,400	\$62,400
5	0	36,580	36,581	\$45,725	45,726	\$54,870	54,871	\$64,015	64,016	\$73,160	\$73,160
6	0	41,960	41,961	\$52,450	52,451	\$62,940	62,941	\$73,430	73,431	\$83,920	\$83,920
7	0	47,341	47,342	\$59,176	59,177	\$71,012	71,013	\$82,847	82,848	\$94,682	\$94,682
8	0	52,720	52,721	\$65,900	65,901	\$79,080	79,081	\$92,260	92,261	\$105,440	\$105,440

CARGOS						
Visitas médicas*	\$4	\$10	\$15	\$20	\$25	Full Fee
Salud Conductual	\$4	\$10	\$15	\$20	\$25	Full Fee
Visitas dentales	\$20	\$25	\$35	\$45	\$55	Full Fee
Dentaduras Postizas/Parciales de Resina**	\$350	\$450	\$500	\$600	\$700	Full Fee
Corona (PFM, Porcelana)**	\$300	\$400	\$500	\$600	\$700	Full Fee
PARCIALES DEL REPARTO**	\$400	40% DE LA TARIFA COMPLETA EN	55% DE LA TARIFA COMPLETA EN	70% DE LA TARIFA COMPLETA EN	85% DE LA TARIFA COMPLETA EN	Full Fee
OTROS TRABAJOS DENTALES GRANDES***(RCT, y dientes, etc. (RCT**, Prosth**, OS)	\$400	45% DE LA TARIFA COMPLETA EN	55% DE LA TARIFA COMPLETA EN	70% DE LA TARIFA COMPLETA EN	85% DE LA TARIFA COMPLETA EN	Full Fee

para familias/hogares con más de 8 personas agregan \$5,380 por cada miembro adicional

¡IMPORTANTE!

Si es soltero y su ingreso en menor a \$15,060 la mayoría de su factura se pagará con fondos que recibimos del Bureau of Primary Health Care, fundaciones locales y otras contribuciones.

*Hay tarifas adicionales, según el tamaño de familia e ingresos, para dispositivos como Contraceptivo Reversible de Actuación Prolongada (LARC). Se le avisará por adelantado para discutir opciones, incluyendo pago.

**El cargo por estos servicios es una tarifa única. Esta tarifa incluye para dentaduras y parciales 2 citas de ajuste.

^Un Programa de Lealtad de Farmacia está disponible. Por favor hable con el Departamento de Farmacia.