

**Valleywise Health
Financial Assistance Discount Grid for Uninsured and Underinsured Patients
Effective 3/1/2020**

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
Inpatient & Outpatient Surgery or Procedures (Excludes Cosmetic, Orthopedic and Implant 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
Inpatient & Outpatient Cosmetic, Orthopedic and Implant 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
Chemotherapy and Infusion Services	50% 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	50% of Medicare rate - 50% due prior to service	100% of Medicare rate - 100% due prior to service
Outpatient Behavioral Health (except residency clinics)	\$0	\$30 per visit	\$40 per visit	\$50 per visit	100% of the Medicaid 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 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	\$75 Flat Fee
Restorative Dental Services***	\$50 Nominal Charge + Cost of Supplies	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	\$50 Nominal Charge + Cost of Supplies	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
 *Comprehensive Health Center and Community Health Center 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

***Restorative Grid/Dental (Including Nominal Charge)	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$90.00	\$98.00	\$105.00	\$112.00	\$130.00
Crowns	\$250.00	\$545.00	\$583.00	\$620.00	\$725.00
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	\$935.00
Dentures - partial	\$250.00	\$740.00	\$784.00	\$827.00	\$870.00
Bridges	\$250.00	\$550.00	\$590.00	\$620.00	\$652.00
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	\$83.00
Extractions - complex	\$100.00	\$169.00	\$180.00	\$191.00	\$225.00

Maternity Package Rates	AZ Resident - Non Maricopa County Resident		AZ & Maricopa County Resident	
Description of Services	Paid in Full 90 Days Prior or	Paid in Full Today	Paid in Full 90 Days Prior or	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
Couples Therapy	\$5.00
Child Appointment	\$7.00
Adult Psychotherapy	\$12.00
Medication Mgmt.	\$30.00
Intake Assessment	\$50.00

Valleywise Health
Federally Qualified Health Center Sliding Fee Discount Schedule
Effective 04/22/2020

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	\$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 (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount

Dental

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
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Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount
Restorative Dental Services *See Grid Below	\$50 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	\$50 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

Restorative Grid (Including Nominal Charge)	Category 1	Category 2	Category 3	Category 4	Category 5
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