Valleywise Health Financial Assistance & Uninsured Discount Schedule

Financial Assistance eligibility is based on household income as a percentage of the Federal Poverty Level (FPL). Four financial assistance categories are available.

Financial Assistance Category	Household Income
Category 1	0–100% FPL
Category 2	101–138% FPL
Category 3	139–150% FPL
Category 4	151–200% FPL

General Services

Service Group	FA Category 1 (0–100% FPL)	FA Category 2 (101–138% FPL)	FA Category 3 (139–150% FPL)	FA Category 4 (151-200% FPL)
OP Ancillary (Imaging, Lab, Therapy)	5%	30%	60%	80%
Clinic Visit	$55	$75	$90	$100
Behavioral Health Clinic Visit*	$10	$15	$20	$25
OP Emergency Room Visit	$75	$100	$150	$175
All Other Outpatient	5%	30%	60%	80%
Inpatient	0%	30%	60%	80%

**Excludes the Behavioral Health Resident Clinic*

Retail Pharmacy

Discounted rates are available for eligible prescriptions filled at Valleywise Health retail pharmacies.

Service Group	FA Category 1 (0–100% FPL)	FA Category 2 (101–138% FPL)	FA Category 3 (139–150% FPL)	FA Category 4 (151-200% FPL)
Retail Pharmacy	100% of 340B acquisition cost	100% of 340B acquisition cost plus $12 dispensing fee	115% of 340B acquisition cost plus $13 dispensing fee	115% of 340B acquisition cost plus $13 dispensing fee

Uninsured Discounts

Valleywise Health offers discounted pricing for uninsured patients on many services. Rates vary by service type, including outpatient services, emergency room visits, maternity care, pharmacy, and other services.

General Fixed Fee Services

Service	Rate
Breast Reconstruction	$6,784
Breast Bilateral Implant	$8,350
PET Imaging	$1,461
Immunization for Flu	$20
Immunization for Flu – High Dose	$60

Behavioral Health Resident Clinics

The Behavioral Health Resident Clinic rates are also honored for patients with coverage.

Service	Rate per Visit
Adult Therapy	$12
Couples Therapy	$12
Child Therapy	$7
Group Therapy	$5
Medication Management	$30
Intake Assessment	$50
Medical Management with Therapy - additional	$8

Maternity & Newborn Services

A discount for early payment may be available, if it is included in your maternity contract.

Service	Rate	Prompt Pay Rate
Normal Vaginal Delivery	$5675	$4575
Normal Vaginal Delivery w/ Tubal Ligation	$6075	$4975

Unplanned Emergency Cesarean Section Delivery – Additional charge	$1,850	Not applicable
Planned Cesarean Section Delivery	$6895	$5675
Bilateral Tubal Ligation with Cesarean Section Delivery – Additional charge	$75	$75
Twins or Multiple Birth – Additional one-time charge	$350	$350
Newborn Circumcision	$270	$270

Other Uninsured Discounts

Uninsured Discount Category	**Rate**
Retail Pharmacy – 340B	150% of 340B acquisition cost plus $15 dispensing fee
Outpatient Emergency Room Visit	115% of Medicare rates
Opt out of insurance billing	175% of Medicare rates
All Other Services	115% of Medicare rates

Cosmetic Procedures

Cosmetic procedures that are not medically necessary do not qualify for financial assistance or discounts for uninsured patients.