Federally Qualified Health Centers (FQHC) Financial Assistance

Valleywise Health Federally Qualified Health Center (FQHC) Financial Assistance Schedule Applies only to services provided at Valleywise Health Federally Qualified Health Centers (FQHCs).

FQHC Financial Assistance eligibility is based on household income as a percentage of Federal Poverty Guidelines (FPG). Four assistance categories are available.

General Services

Service Group	FA Category 1 (0–100% FPG)	FA Category 2 (101–138% FPG)	FA Category 3 (139–150% FPG)	FA Category 4 (151-200% FPG)	Greater than 200% FPG
Office Visit*	$25	$50	$60	$70	$139
Diagnostic Lab	$5	$10	$15	$20	$75
Imaging	$5	$15	$20	$25	$130

** POC labs are included in the visit.*

Dental

Service Group	FA Category 1 (0–100% FPG)	FA Category 2 (101–138% FPG)	FA Category 3 (139–150% FPG)	FA Category 4 (151-200% FPG)	Greater than 200% FPG
Diagnostic Dental Services	$25	$50	$60	$70	$80
Restorative & Lab Services	$75 plus lab costs	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates

Prenatal Services

Package price includes only prenatal services, as defined in the prenatal financial agreement. Delivery or other non-FQHC services are excluded.

Service Group	FA Category 1 (0–100% FPG)	FA Category 2 (101–138% FPG)	FA Category 3 (139–150% FPG)	FA Category 4 (151-200% FPG)	Greater than 200% FPG
Prenatal Package	$100	$200	$300	$400	$500

Vaccines

Immunizations and Immunization Administration provided during a patient visit are included as part of the visit. Flu vaccines administered when not part of a provider visit (nurse visit only), the fees below will be charged There is no charge for Arizona VFC or VFA immunizations, nor the associated immunization administration to any patient. The Immunization for Flu rates below are inclusive of the Immunization Administration fees.

Service	**FA Categories 1-4** (0-200% FPG)	**Greater than 200% FPL**
Immunization for Flu	$20	$20
Immunization for Flu – High Dose	$60	$60

In Office Procedures

These rates apply to procedures completed in the FQHC clinic.

Service	**FA Categories 1-4** (0-200% FPG)	**Greater than 200% FPG**
Newborn Circumcision	$270	$270
IUD and Nexplanon	contraceptive cost plus office visit fee	Contraceptive cost plus office visit fee

All other in office procedures are include in the office visit rate

Financial Assistance (FA) Income Guideline:
The following sliding fee grids establish four Financial Assistance categories based on Federal Poverty Level / Federal Poverty Guideline ranges.

Family Size / Household	**FA Category 1 (0 – 100% FPL/FPG) Max Income Limit**	**FA Category 2 (101 – 138% FPL/FPG) Max Income Limit**	**FA Category 3 (139 – 150% FPL/FPG) Max Income Limit**	**FA Category 4 (151 - 200% FPL/FPG) Max Income Limit**
1	$15,960	$22,025	$23,940	$31,920
2	$21,640	$29,863	$32,460	$43,280
3	$27,320	$37,702	$40,980	$54,640
4	$33,000	$45,540	$49,500	$66,000
5	$38,680	$53,378	$58,020	$77,360
6	$44,360	$61,217	$66,540	$88,720
7	$50,040	$69,055	$75,060	$100,080
8	$55,720	$76,894	$83,580	$111,440
Each Additional Person	+$5,680	+$7,838	+$8,520	+$11,360