Financial Assistance & Uninsured Discount Schedules

(Excludes Federally Qualified Health Center Services)

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

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)	2%	25%	50%	75%
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	2% not to exceed $1500	25% not to exceed $2500	50% not to exceed $3500	75% not to exceed $4500
Inpatient	2% not to exceed $1500	25% not to exceed $2500	50% not to exceed $3500	75% not to exceed $4500

Excludes the Behavioral Health Resident Clinic includes recurring and non-recurring accounts

Retail Pharmacy

These rates apply to eligible 340B 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 plus $12 dispensing fee (retro to 06/01/2026)	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

Certain services are available at a fixed rate for Uninsured patients, regardless of Financial Assistance category.

General Fixed Fee Services

Service	Rate
Tubal outside of delivery	$400
*Immunization for Flu	$20
*Immunization for Flu – High Dose	$60

*No fees will be charged for any state sponsored Vaccines(VFC/VFA).

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

Prompt pay discounts may also be applied as eligible as specified in the Maternity patient contract. Maternity agreement is valid for 6 weeks post the date of discharge on the delivery hospital account.

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 for Patients > 200% FPL

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 determined to be not medically necessary are excluded from financial assistance and uninsured discounts.