



**Medical Self Pay Patient Fee Schedule**

Flat Rate	Nominal \$20	\$30	\$40	\$50	
Associated Category	Med Level 1	Med Level 2	Med Level 3	Med Level 4	Full Rate
Federal Poverty Level	Up To 100%	>100%-134%	>134%-165%	>165-200%	Above 200%

\* Eligible Immunizations, Injectable drugs, and Durable Medical Equipment will be included in the established fee and will not be billed to the patient. All eligible laboratory services ordered on the date of services are included in the established fee and will not be billed to the patient. Eligible radiological services completed within five (5) business days of a **face-to-face** visit initiating a radiological exam order will be considered inclusive and exempt from a separate copayment. A representative from the Business Office will adjust the patient’s sliding fee copay, using the adjustment type “sliding fee,” and note the visit with the order date.

\*\*All above Categories are eligible for the CBHA prompt pay discount of 20%.

\*\*\*All Levels subject to lesser of full charge or qualifying level fee.

**Optometry Self Pay Categories**

Slide/discount	Nominal \$20	\$30	\$40	\$50	
Associated Category	Med Level 1	Med Level 2	Med Level 3	Med Level 4	Full Rate
Federal Poverty Level	Up To 100%	>100%-134%	>134%-165%	>165-200%	Above 200%

\*\*All above Categories are eligible for the CBHA prompt pay discount of 20%.

\*\*\*All Levels subject to lesser of full charge or qualifying level fee.

**Behavioral Health Self Pay Categories**

Flat Rate	Nominal \$0	\$2	\$3	\$4	
Associated Category	Med Level 1	Med Level 2	Med Level 3	Med Level 4	Full Rate
Federal Poverty Level	Up To 100%	>100%-134%	>134%-165%	>165-200%	Above 200%

**Dental Self Pay Categories**

Slide/discount	Nominal \$40	75%	50%	25%	0%
Associated Category	Den Level 1	Den Level 2	Den Level 3	Den Level 4	Full Rate
Federal Poverty Level	Up To 100%	>100%-134%	>134%-165%	>165-200%	Above 200%

\*\*All above Categories are eligible for the CBHA prompt pay discount of 20%.

\*\*\*All Levels subject to lesser of full charge or qualifying level fee.

\*\*\*\* Applicants under Level 2, 3, and 4 will pay 25%, 50%, or 75% of their charges or \$40 minimum, whichever is less.

**Pharmacy Self Pay Categories**

Medication fee	AAC	AAC	AAC	AAC	AAC
Dispensing Fee	Nominal \$2	\$2.50	\$3.00	\$3.50	=>\$4.50
Associated Category	Rx Level 1	Rx Level 2	Rx Level 3	Rx Level 4	Full Rate
Federal Poverty Level	Up To 100%	>100%-134%	>134%-165%	>165-200%	Above 200%

\*\*\*All Levels subject to lesser of full charge or qualifying level fee

**Supplies and Equipment.** If CBHA acquires, purchases or facilitates access to supplies and equipment (e.g. dentures, Crowns, Bleach kits, medication), it reserves the right to charge patients based on a different schedule of discounts. CBHA may charge patients for such supplies and equipment based on amounts that are less than prevailing rates; however, such charges can be set to cover the reasonable costs of such items or can be further discounted to pass additional savings on to patients. These fees will be discussed with the patient at the time of request and agreed to in a signed treatment

**CBHA Organization-Wide | Finance**

Approval Date: 2/22/22      Renewal Term: 1

Content Owner: Director of Health Connections

Next Renewal Date: 03/01/2023

Approval Party: CEO, CFO, Board of Directors