

**Unity Health Care, Inc.  
February 2020  
Sliding Fee Scale Adjustment**

SLIDING FEE SCALE:

Unity Health Care, Inc., as a Federally Qualified Health Center receiving a grant from the federal government's Community Health Center program, is required to offer a sliding fee scale for patients with income under 200% of the Federal Poverty Guidelines (250% for Family Planning Services supplemented by Title X). The sliding fee scale is the schedule of discounts offered to self-pay patients. The discounts are based on the federal poverty guidelines adjusted for family size. The federal poverty guidelines are adjusted annually and the scale requires approval from the Board of Directors.

Unity's sliding fee scale offers discounts ranging from a full 100% discount for patients with incomes less than the amount designated as the poverty level, to a 45% (for Family Planning Services supplemented by Title X) discount for patients with incomes less than 2.5 times (250%) the poverty level.

*Examples:*

- A patient in a family of four (4) with income less than \$26,200 would receive a full 100% discount and pay nothing for care provided at Unity.
  
- A patient in a family of four (4) with income between \$39,300 and \$53,690 would receive a 75% discount from Unity's standard charge for the service provided. As an example, if Unity's charge for the service is \$100, the patient pays only \$25 for the service.

CHARGES:

Unity's charges are set based on a periodically updated detailed analysis based on a combination of cost, the Medicare fee scale, and comparative market pricing using national and local averages. The general philosophical guidance used to set individual charges is to be at or slightly above the Medicare fee scale amount and between the 50th and 75th percentile of the national and local comparative market amounts for each charge item.

## UNITY HEALTH CARE, INC. 2020 SLIDING FEE SCHEDULE

Income Level	Number of People in Family										Discount Rate On Charges
	1	2	3	4	5	6	7	8	9	10	
Less Than 100% FPL	\$ 12,760	\$ 17,240	\$ 21,720	\$ 26,200	\$ 30,680	\$ 35,160	\$ 39,640	\$ 44,120	\$ 48,600	\$ 53,080	100%
Less Than 125% FPL	\$ 15,950	\$ 21,550	\$ 27,150	\$ 32,750	\$ 38,350	\$ 43,950	\$ 49,550	\$ 55,150	\$ 60,750	\$ 66,350	95%
Less Than 150% FPL	\$ 19,140	\$ 25,860	\$ 32,580	\$ 39,300	\$ 46,020	\$ 52,740	\$ 59,460	\$ 66,180	\$ 72,900	\$ 79,620	85%
Less Than 175% FPL	\$ 22,330	\$ 30,170	\$ 38,010	\$ 45,850	\$ 53,690	\$ 61,530	\$ 69,370	\$ 77,210	\$ 85,050	\$ 92,890	75%
Less Than 200% FPL	\$ 25,520	\$ 34,480	\$ 43,440	\$ 52,400	\$ 61,360	\$ 70,320	\$ 79,280	\$ 88,240	\$ 97,200	\$ 106,160	65%

Examples:					
Service	Amount of Charge	Family Size	Family Income	Discount	Amount of Patient Pay
Brief Visit-Exist. Patient	\$130.00	4	\$32,000	95%	\$6.50
Interm. Visit-New Patient	\$223.00	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$318.00	1	\$13,000	95%	\$15.90
Nurse Visit	\$61.00	3	\$40,000	65%	\$21.35

**UNITY HEALTH CARE, INC.**  
**2020 SLIDING FEE SCHEDULE (Family Planning Services Only)**

<b>Income Level</b>	<b>Number of People in Family</b>										<b>Discount Rate On Charges</b>
	1	2	3	4	5	6	7	8	9	10	
<b>Less Than 100% FPL</b>	\$ 12,760	\$ 17,240	\$ 21,720	\$ 26,200	\$ 30,680	\$ 35,160	\$ 39,640	\$ 44,120	\$ 48,600	\$ 53,080	<b>100%</b>
<b>Less Than 125% FPL</b>	\$ 15,950	\$ 21,550	\$ 27,150	\$ 32,750	\$ 38,350	\$ 43,950	\$ 49,550	\$ 55,150	\$ 60,750	\$ 66,350	<b>95%</b>
<b>Less Than 150% FPL</b>	\$ 19,140	\$ 25,860	\$ 32,580	\$ 39,300	\$ 46,020	\$ 52,740	\$ 59,460	\$ 66,180	\$ 72,900	\$ 79,620	<b>85%</b>
<b>Less Than 175% FPL</b>	\$ 22,330	\$ 30,170	\$ 38,010	\$ 45,850	\$ 53,690	\$ 61,530	\$ 69,370	\$ 77,210	\$ 85,050	\$ 92,890	<b>75%</b>
<b>Less Than 200% FPL</b>	\$ 25,520	\$ 34,480	\$ 43,440	\$ 52,400	\$ 61,360	\$ 70,320	\$ 79,280	\$ 88,240	\$ 97,200	\$ 106,160	<b>65%</b>
<b>Less Than 225% FPL</b>	\$ 28,710	\$ 38,790	\$ 48,870	\$ 58,950	\$ 69,030	\$ 79,110	\$ 89,190	\$ 99,270	\$ 109,350	\$ 119,430	<b>55%</b>
<b>Less Than 250% FPL</b>	\$ 31,900	\$ 43,100	\$ 54,300	\$ 65,500	\$ 76,700	\$ 87,900	\$ 99,100	\$ 110,300	\$ 121,500	\$ 132,700	<b>45%</b>

<b>Examples:</b>					
<b>Service</b>	<b>Amount of Charge</b>	<b>Family Size</b>	<b>Family Income</b>	<b>Discount</b>	<b>Amount of Patient Pay</b>
Brief Visit-Exist. Patient	\$130.00	4	\$32,000	95%	\$6.50
Interm. Visit-New Patient	\$223.00	6	\$25,000	100%	\$0.00
Extended Visit-New Patient	\$318.00	1	\$13,000	95%	\$15.90
Nurse Visit	\$61.00	3	\$40,000	65%	\$21.35

**Unity Health Care, Inc.**

**Schedule of Charges**

<b>Procedure</b>			<b>Payment Amount Required @ Discount Percentage Of</b>						
<u>Description</u>	<u>Code</u>	<u>Total Charge</u>	<u>95%</u>	<u>85%</u>	<u>75%</u>	<u>65%</u>	<u>55%</u>	<u>45%</u>	
<b>Medical Office Visit:</b>									
New Patient-Brief	99201	\$130.00	\$6.50	\$19.50	\$32.50	\$45.50	\$58.50	\$71.50	
New Patient-Intermediate	99202	\$223.00	\$11.15	\$33.45	\$55.75	\$78.05	\$100.35	\$122.65	
New Patient-Extended	99203	\$318.00	\$15.90	\$47.70	\$79.50	\$111.30	\$143.10	\$174.90	
Existing Patient-Nurse Visit	99211	\$484.00	\$24.20	\$72.60	\$121.00	\$169.40	\$217.80	\$266.20	
Existing Patient-Brief	99212	\$61.00	\$3.05	\$9.15	\$15.25	\$21.35	\$27.45	\$33.55	
Existing Patient-Intermediate	99213	\$130.00	\$6.50	\$19.50	\$32.50	\$45.50	\$58.50	\$71.50	
Existing Patient-Extended	99214	\$321.00	\$16.05	\$48.15	\$80.25	\$112.35	\$144.45	\$176.55	
Existing Patient-Comprehensive	99215	\$431.00	\$21.55	\$64.65	\$107.75	\$150.85	\$193.95	\$237.05	
Existing Patient-Well Baby <1 Yr.	99391	\$297.00	\$14.85	\$44.55	\$74.25	\$103.95	\$133.65	\$163.35	
Existing Patient-Well Child 1-4 Yrs.	99392	\$317.00	\$15.85	\$47.55	\$79.25	\$110.95	\$142.65	\$174.35	
Existing Patient-Well Child 5-11 Yrs.	99393	\$316.00	\$15.80	\$47.40	\$79.00	\$110.60	\$142.20	\$173.80	
<b>Other Selected Medical Procedures:</b>									
Urine Dip Lab	81002	\$2.00	\$0.10	\$0.30	\$0.50	\$0.70	\$0.90	\$1.10	
Finger Stick	82962	\$4.00	\$0.20	\$0.60	\$1.00	\$1.40	\$1.80	\$2.20	
HCG Urine Pregnancy	84703	\$21.00	\$1.05	\$3.15	\$5.25	\$7.35	\$9.45	\$11.55	
TB Intradermal	86580	\$29.00	\$1.45	\$4.35	\$7.25	\$10.15	\$13.05	\$15.95	
HIV Rapid Test Fingertick	86703	\$9.00	\$0.45	\$1.35	\$2.25	\$3.15	\$4.05	\$4.95	
Strep Screen	87880	\$7.00	\$0.35	\$1.05	\$1.75	\$2.45	\$3.15	\$3.85	
Immunization Administration	90471	\$25.00	\$1.25	\$3.75	\$6.25	\$8.75	\$11.25	\$13.75	
<b>Dental:</b>									
Initial Oral Exam	D0110	\$139.00	\$6.95	\$20.85	\$34.75	\$48.65	\$62.55	\$76.45	
Periodic Oral Exam	D0120	\$65.00	\$3.25	\$9.75	\$16.25	\$22.75	\$29.25	\$35.75	
Emergency Exam	D0130	\$92.00	\$4.60	\$13.80	\$23.00	\$32.20	\$41.40	\$50.60	
Limited Oral Exam	D0140	\$92.00	\$4.60	\$13.80	\$23.00	\$32.20	\$41.40	\$50.60	
Comprehensive Exam	D0150	\$92.00	\$4.60	\$13.80	\$23.00	\$32.20	\$41.40	\$50.60	
Single Film	D0220	\$46.00	\$2.30	\$6.90	\$11.50	\$16.10	\$20.70	\$25.30	
Additional Film	D0230	\$23.00	\$1.15	\$3.45	\$5.75	\$8.05	\$10.35	\$12.65	
Intraoral Occlusal Film	D0240	\$55.00	\$2.75	\$8.25	\$13.75	\$19.25	\$24.75	\$30.25	
Bitewing 1	D0270	\$46.00	\$2.30	\$6.90	\$11.50	\$16.10	\$20.70	\$25.30	