

Fee Explanation for Reproductive Health Services

At Riley County Health Department, we offer some services on a sliding scale fee for uninsured and underinsured clients who are seeking reproductive health services. Fees are based on **annual gross income** (wages, commission, tips, allowances/stipends, alimony/child support, Disability Income, Temporary Assistance Needy Families(TANF), student grants, scholarships, and financial aid used for living expenses) and **family size** (Yourself plus # of persons being supported in the home by this income. Exception is Roommates - 4 people living together but not combining their income to support each other – each paying equally. You are responsible for payments as determined by a standard formula based on the 2019 federal poverty level standards.

We ask for income to determine eligibility for this program. Income will be verified by 30 days of pay stubs, employer letter stating pay, self-employed income tax returns and scholarship/grant allowances that are being used for living expenses once per year. \$0 is not an income. If you are unable to produce proof of income or decline, charges will be accessed at **Full Fee**. (See chart on back.) This does not apply to minors.

Insurances are charged Full Fee. After insurance pays the remainder balance could be discounted depending on your policy and income including your CoPay. NOT a Tricare Health Insurance provider.

The following table shows our sliding scale categories by household size and monthly income:

Sliding Fee Scale Categories for 2019												
	No Charge A	Pay 20% B	Pay 40% C	Pay 60% D	Pay E	80%	Full Fee					
Gross household ANNUAL Income												
Household Size	Up to	At least	Up to	At least	Up to	At least	Up to	At least	Up to	More than		
	1	\$12,490	12,491	17,174	17,175	21,858	21,859	26,541	26,542	31,225	31,226	
	2	\$16,910	16,911	23,251	23,252	29,593	29,594	35,934	35,935	42,275	42,276	
	3	\$21,330	21,331	29,329	29,303	37,328	37,329	45,326	45,327	53,325	53,326	
	4	\$25,750	25,751	35,406	35,407	45,063	45,064	54,719	54,720	64,375	64,376	
	5	\$30,170	30,171	41,484	41,485	52,798	52,799	64,111	64,112	75,425	75,426	
	6	\$34,590	34,591	47,561	47,562	60,533	60,534	73,504	73,505	86,475	86,476	
	7	\$39,010	39,011	53,639	53,640	68,268	68,269	82,896	82,897	97,525	97,526	
	8	\$43,430	43,431	59,716	59,717	76,003	76,004	92,289	92,290	108,575	108,576	

You can opt to not use the discount and pay full price. Full Fees for services listed below. Sexual Transmitted Disease Testing Ranges from \$30 to \$70, depending on the provider.

For additional questions about the sliding fee scale, please ask the medical clerk.

Payment is expected and encouraged at the time of service. You will receive a statement for any unpaid balance.

- A visit with Advanced Practice Nursing Practitioner (APRN) is required once per year.
- Not all charges are known on the date of service and could be applied later to your account such as Herpes lab testing on cervical smear.
- Clients with income at or below 100% (Category A) Federal Poverty Level will not be charged for basic Reproductive Health Services that are covered by grant funding. (Doesn't apply to all services and doesn't apply to abnormal treatments.)
- Donations are accepted and appreciated for all services, even ones with a charge.

Here is an example of **estimated fees** for selected clinic services based on your sliding scale category.

Sliding Scale Category		A	B	C	D	E	Full Fee
Service/Procedure							
	Initial Exam	\$0	\$17	\$34	\$51	\$68	\$85
	Annual Exam	\$0	\$16	\$32	\$48	\$64	\$80
	Interim APRN –New Client	\$0	\$14	\$28	\$42	\$56	\$70
	Registered Nurse Visit	\$0	\$6	\$12	\$18	\$24	\$30
Pharmaceuticals/Contraceptives							
\$	Oral Contraceptives	\$0	\$2.40	\$4.80	\$7.20	\$9.60	\$12
\$\$	Hormonal Injections (3months)	\$0	\$7.62	\$15.24	\$22.86	\$30.48	\$38.10
\$\$	Nuva Ring	\$0	\$4.20	\$8.40	\$12.60	\$16.80	\$21
	Condoms	\$0	\$0	\$0	\$0	\$0	\$0
	Nexplanon Insertion/Removal	\$0	\$20	\$40	\$60	\$80	\$100
\$\$\$	Nexplanon	\$0	\$88	\$176	\$264	\$352	\$440
	IUD Insertion/Removal	\$0	\$20	\$40	\$60	\$80	\$100
\$	Liletta (Hormonal IUD)	\$0	\$12	\$24	\$36	\$48	\$60
\$\$\$	Paragaurd (Non-hormonal IUD)	\$0	\$65	\$130	\$195	\$260	\$325
	Treatment Meds for some infections	\$5	\$5	\$5	\$5	\$5	\$5
Laboratory							
	Cervical (Pap) smear	\$0	\$4	\$8	\$12	\$16	\$20
	HPV Testing on Cervical (Pap) Smear	\$45	\$45	\$45	\$45	\$45	\$45
	Pregnancy Test	\$0	\$2	\$4	\$6	\$8	\$10
	Urinalysis	\$0	\$1	\$2	\$3	\$4	\$5
	Syphilis – Blood Test sent lab	\$0	\$0	\$0	\$0	\$0	\$0
	HIV – Blood Test sent lab	\$0	\$0	\$0	\$0	\$0	\$0
	Chlamydia, Gonorrhea Urine or Swab	\$0	\$0	\$0	\$0	\$0	\$0