

IWS FEE SCALE FOR MEDICAL SERVICES

SCHEDULE OF DISCOUNTS

	A		B		C		D		E		F		G	
Poverty level	100%		101% to 133%		134% to 159%		160% to 185%		186% to 200%		201% to 250%		251% and greater	
**Nominal Fee	\$30		\$45		\$60		\$75		\$90		\$120		\$150	
Family Size	Annual Income	Annual Income		Annual Income		Annual Income		Annual Income		Annual Income		Annual Income		
1	\$12,140	\$12,141 to \$16,146		\$16,147 to \$19,303		\$19,304 to \$22,459		\$22,460 to \$24,280		\$24,281 to \$30,350		\$30,351	and	above
2	\$16,460	\$16,461 to \$21,892		\$21,893 to \$26,171		\$26,172 to \$30,451		\$30,452 to \$32,920		\$32,921 to \$41,150		\$41,151	and	above
3	\$20,780	\$20,781 to \$27,637		\$27,638 to \$33,040		\$33,041 to \$38,443		\$38,444 to \$41,560		\$41,561 to \$51,950		\$51,951	and	above
4	\$25,100	\$25,101 to \$33,383		\$33,384 to \$39,909		\$39,910 to \$46,435		\$46,436 to \$50,200		\$50,201 to \$62,750		\$62,751	and	above
5	\$29,420	\$29,421 to \$39,129		\$39,130 to \$46,778		\$46,779 to \$54,427		\$54,428 to \$58,840		\$58,841 to \$73,550		\$73,551	and	above
6	\$33,740	\$33,741 to \$44,874		\$44,875 to \$53,647		\$53,648 to \$62,419		\$62,420 to \$67,480		\$67,481 to \$84,350		\$84,351	and	above
7	\$38,060	\$38,061 to \$50,620		\$50,621 to \$60,515		\$60,516 to \$70,411		\$70,412 to \$76,120		\$76,121 to \$95,150		\$95,151	and	above
8	\$42,380	\$42,381 to \$56,365		\$56,366 to \$67,384		\$67,385 to \$78,403		\$78,404 to \$84,760		\$84,761 to \$105,950		\$105,951	and	above
9	\$46,700	\$46,701 to \$62,111		\$62,112 to \$74,253		\$74,254 to \$86,395		\$86,396 to \$93,400		\$93,401 to \$116,750		\$116,751	and	above
10	\$50,880	\$50,881 to \$67,670		\$67,671 to \$80,899		\$80,900 to \$94,128		\$94,129 to \$101,760		\$101,761 to \$127,200		\$127,201	and	above
11	\$55,200	\$55,201 to \$73,416		\$73,417 to \$87,768		\$87,769 to \$102,120		\$102,121 to \$110,400		\$110,401 to \$138,000		\$138,001	and	above
12	\$59,520	\$59,521 to \$79,162		\$79,163 to \$94,637		\$94,638 to \$110,112		\$110,113 to \$119,040		\$119,041 to \$148,800		\$148,801	and	above

**Nominal Fee does not include immunizations or medications.
For families with more than 12 persons, add \$4,320 for each additional person.

Revised by Jose Galarza, Director of Revenue Cycle on 2/01/2018 based on the 2018 Federal Poverty Guidelines.

To apply for a sliding fee discount, please ask one of our staff for a Sliding Fee Discount Application or download a pdf at www.infantwelfare.org/sliding-fee-scale

Flat-Rate Fee Schedule

Psychiatric Services	\$75.00
CHAT Services	\$75.00
CACS Services	\$90.00
*Dental Services	\$70.00
Orthodontics	\$4,000
Nurse Visit	\$20.00

*Flat rate is valid for x-ray and cleaning only. Other dental services are fee-for-services based on Medicaid reimbursement.

Ortho priced without expander (dental device).