

HELP IS AVAILABLE TO PAY YOUR HEALTHCARE COSTS

Saban Community Clinic serves all patients, regardless of their health coverage status. We accept most public health care plans, including Medi-Cal, and provide health plan enrollment assistance. Discounts are offered to self-paying patients depending on family size and income.

SLIDING FEE DISCOUNT SCHEDULE

	PRIMARY CARE	PHARMACY	DENTAL PREVENTATIVE SERVICES	OTHER DENTAL SERVICES	BEHAVIORAL HEALTH
FPG	FEE	FEE	FEE	FEE	FEE
0-100%	\$10 Nominal	\$5 Nominal	\$25 Nominal	50% Discount	\$5 Nominal
101%-125%	\$30	40% Discount	40% Discount	40% Discount	\$25
126%-150%	\$60	30% Discount	30% Discount	30% Discount	\$50
151%-175%	\$90	20% Discount	20% Discount	20% Discount	\$75
176-200%	\$120	10% Discount	10% Discount	10% Discount	\$100
201%+ (prompt payment)	\$135	Full Charges	Varies	Varies	\$135
201%+	Full Charges	Full Charges	Full Charges	Full Charges	Full Charges

- **Primary Care Service** fee covers a face-to-face encounter with a licensed physician (which includes a Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, and Physician Assistant). Diagnostic radiology is provided in-house and all diagnostic laboratory fees are included as part of the medical visit fees. There is no charge for the following visit types: health education by a non-physician, medical assistant, nurse, health insurance enrollment.
- **Pharmacy** fee is the cost of prescription and dispensing fee excluding any service charge such as mail delivery fee.
- **Dental Preventative Service** fee covers face-to-face encounters with a licensed Dentist or Hygienist.
- **Dental Laboratory** fees are most commonly applied to dentures and surgical tooth removal.
- **Behavioral Health Service** fee covers face-to-face encounter with a Licensed Social Worker, Licensed Marriage Family Therapist, a Psychiatrist, and a Psychologist. There is no charge for group visits and case management visits.
- **Vision Service** fee is a fixed \$25 for all vision services and all pay classes including 0 - 100% of FPG

OTHER FEES

Acupuncture Exam/ Treatment	\$20	Chiropractor Exam	\$25	TB Test (Testing & Reading)	\$10
Flu Shot	\$20	Optometry/ Ophthalmology Exam	\$25	Medical Records Request	\$15
Nutritionist Consultation	\$20				

NOTE: The fees above do not cover the cost of services provided at other health facilities to which patients may be referred.

DENTAL SLIDING FEE DISCOUNT SCHEDULE

Description of Services	0 - 100 %	101 - 125%	126 - 150%	151 - 175%	176 - 200%	201% + (incl. unknown)	201% + (incl. unknown)
	Nominal	40% discount	30% discount	20% discount	10% discount	Full Charges (prompt payment)	Full Charges
Level 1: Preventive, emergencies, extractions (includes exam, cleaning, x-rays)	\$25	\$ 150	\$ 175	\$ 200	\$ 225	\$ 240	\$ 250
Level 2: Restorative	\$175	\$ 210	\$ 245	\$ 280	\$ 315	\$ 325	\$ 350
Level 3: Rehabilitative (resin base), root canal (*)	\$300	\$ 360	\$ 420	\$ 480	\$ 540	\$ 570	\$ 600
Level 4: Rehabilitative (metal base), crown (*)	\$400	\$ 480	\$ 560	\$ 640	\$ 720	\$ 760	\$ 800

Invisalign Services	0 - 100 %	101 - 125%	126 - 150%	151 - 175%	176 - 200%	201% + (incl. unknown)	201% + (incl. unknown)
	Nominal	40% discount	30% discount	20% discount	10% discount	Full Charges (prompt payment)	Full Charges
Mild	\$ 800	\$ 960	\$ 1,120	\$ 1,280	\$ 1,440	\$ 1,500	\$ 1,600
Moderate	\$ 1,000	\$ 1,200	\$ 1,400	\$ 1,600	\$ 1,800	\$ 1,900	\$ 2,000
Severe	\$ 1,200	\$ 1,440	\$ 1,680	\$ 1,920	\$ 2,160	\$ 2,200	\$ 2,400

Other Services	0 - 100 %	101 - 125%	126 - 150%	151 - 175%	176 - 200%	201% + (incl. unknown)	201% + (incl. unknown)
						prompt payment	
Interim caries arresting	\$ 20	\$ 20	\$ 20	\$ 20	\$ 20	\$ 20	\$ 20
Cleaning	\$ 50	\$ 60	\$ 70	\$ 80	\$ 90	\$ 95	\$ 100
Deep cleaning	\$ 65	\$ 80	\$ 95	\$ 110	\$ 120	\$ 125	\$ 135
Night guard, occlusal guard (*)	\$ 150	\$ 180	\$ 210	\$ 240	\$ 270	\$ 280	\$ 300

(*) One fee for all visits needed to complete the procedure

INCOME ELIGIBILITY GUIDELINES 2021

The Federal Poverty Guidelines (FPG) published in the Federal Register are generally updated annually to account for increases in the Consumer Price Index; they are also available on the U.S. Health and Human Services website at <http://aspe.hhs.gov/poverty>

Household/ Family Size	Annual 100% FPL	Monthly 100% FPL	Monthly 125% FPL	Monthly 138% FPL	Monthly 150% FPL	Monthly 175% FPL	Monthly 200% FPL
1	\$12,880	\$1,073	\$1,342	\$1,481	\$1,610	\$1,878	\$2,415
2	\$17,420	\$1,452	\$1,815	\$2,003	\$2,178	\$2,540	\$2,903
3	\$21,960	\$1,830	\$2,288	\$2,525	\$2,745	\$3,203	\$3,660
4	\$26,500	\$2,208	\$2,760	\$3,048	\$3,313	\$3,865	\$4,417
5	\$31,040	\$2,587	\$3,233	\$3,570	\$3,880	\$4,527	\$5,173
6	\$35,580	\$2,965	\$3,706	\$4,092	\$4,448	\$5,189	\$5,930
7	\$40,120	\$3,343	\$4,179	\$4,614	\$5,015	\$5,851	\$6,687
8	\$44,660	\$3,722	\$4,652	\$5,136	\$5,583	\$6,513	\$7,443

Families/households with more than 8 persons, add \$4,480 annually for each additional person.