



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

1/20/2023

FEDERAL POVERTY GUIDELINES 2023-2024

GROSS ANNUAL INCOME

Family Size	A	B	C	D	E
	From - To Annual	From - To Annual	From - To Annual	From - To Annual	Over Annual
1	\$ 0 - \$ 14,580	\$ 14,581 - \$ 20,120	\$ 20,121 - \$ 21,870	\$ 21,871 - \$ 29,159	\$29,160
2	\$ 0 - \$ 19,720	\$ 19,721 - \$ 27,214	\$ 27,215 - \$ 29,580	\$ 29,581 - \$ 39,439	\$39,441
3	\$ 0 - \$ 24,860	\$ 24,861 - \$ 34,307	\$ 34,308 - \$ 37,290	\$ 37,291 - \$ 49,719	\$49,720
4	\$ 0 - \$ 30,000	\$ 30,001 - \$ 41,400	\$ 41,401 - \$ 45,000	\$ 45,001 - \$ 59,999	\$60,000
5	\$ 0 - \$ 35,140	\$ 35,141 - \$ 48,493	\$ 48,494 - \$ 52,710	\$ 52,711 - \$ 70,279	\$70,280
6	\$ 0 - \$ 40,280	\$ 40,281 - \$ 55,586	\$ 55,587 - \$ 60,420	\$ 60,421 - \$ 80,559	\$80,560
7	\$ 0 - \$ 45,420	\$ 45,421 - \$ 62,680	\$ 62,681 - \$ 68,130	\$ 68,131 - \$ 90,839	\$90,840
8	\$ 0 - \$ 50,560	\$ 50,561 - \$ 69,773	\$ 69,774 - \$ 75,840	\$ 75,841 - \$ 101,119	\$101,120
Each Additional Person	\$5,140	\$7,093	\$7,710	\$10,280	\$12,233
Poverty Level	0% to 100% Poverty	101 % to 138% Poverty	139% to 150% Poverty	151% to 199% Poverty	200% and above Poverty

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>

SLIDING FEE DISCOUNT SCHEDULE 2023-2024

Service Visit Type	A	B	C	D	E
Primary Care and Inclusive Labs	\$35.00	\$51.00	\$81.00	\$121.00	\$203.00
Retinal	\$35.00	\$40.00	\$45.00	\$50.00	\$74.00
Nutrition Counseling Individual /Group	\$25.00 \$5.00	\$40.00 \$10.00	\$63.00 \$15.00	\$95.00 \$20.00	\$122.00 \$25.00
Podiatry visit (including trim nails) est.	\$55.00	\$65.00	\$65.00	\$90.00	\$150.00
Podiatry Procedures	\$75.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Behavioral Health Substance Abuse	\$25 individual \$5 group	\$35 individual \$10 group	\$55 individual \$15 group	\$80 individual \$20 group	\$140 individual \$25 group
Clinical Pharmacy Services	\$10.00	\$43.00	\$70.00	\$105.00	\$175.00
Pharmacy	\$ 5 Generic \$ 10 Brand (+ the cost of medication)	\$ 6 Generic \$ 12 Brand (+ the cost of medication)	\$ 7 Generic \$ 14 Brand (+ the cost of medication)	\$ 8 Generic \$ 16 Brand (+ the cost of medication)	\$ 10 Generic \$ 20 Brand (+ the cost of medication)
Dental Level 1 - prevention, emergencies, extractions, (includes exam, cleaning, x rays)	\$55.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 2a - Simple Restorative (single surface fillings)	\$65.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 2b - Complex Restorative (2+surface fillings) resin	\$120.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 3 : surgical extractions	\$120.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 4a - Simple root canal (1 or 2 canals) (*)	\$300.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 4b - Complex root canal (3+ canals) (*)	\$400.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
Dental Level 5 - Crown/dentures/partials	\$475.00	40% of visit cost	60% of visit cost	80% of visit cost	100% of visit cost
(*) One Fee for all visits needed to complete the procedure					
Dental Deep Cleaning	\$120.00	\$130.00	\$211.00	\$260.00	\$325.00

OTHER FEES

Flu Shot	\$20.00	Disability / Provider Letters	\$10.00
TB Test (Test and Reading)	\$10.00	All Other Medical forms	\$5.00
		Medical Records Request	\$15.00

EXCLUSIONS

Podiatry	Billed at actual costs: Cast or protective below knee walker boots, braces, and durable medical equipment.
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PAUTAS FEDERALES DE ELEGIBILIDAD DEL INGRESO 2023-2024

Personas	A Anual	B Anual	C Anual	D Anual	E Anual
1	\$ 0 - \$ 14,580	\$ 14,581 - \$ 20,120	\$ 20,121 - \$ 21,870	\$ 21,871 - \$ 29,159	\$29,160
2	\$ 0 - \$ 19,720	\$ 19,721 - \$ 27,214	\$ 27,215 - \$ 29,580	\$ 29,581 - \$ 39,439	\$39,441
3	\$ 0 - \$ 24,860	\$ 24,861 - \$ 34,307	\$ 34,308 - \$ 37,290	\$ 37,291 - \$ 49,719	\$49,720
4	\$ 0 - \$ 30,000	\$ 30,001 - \$ 41,400	\$ 41,401 - \$ 45,000	\$ 45,001 - \$ 59,999	\$60,000
5	\$ 0 - \$ 35,140	\$ 35,141 - \$ 48,493	\$ 48,494 - \$ 52,710	\$ 52,711 - \$ 70,279	\$70,280
6	\$ 0 - \$ 40,280	\$ 40,281 - \$ 55,586	\$ 55,587 - \$ 60,420	\$ 60,421 - \$ 80,559	\$80,560
7	\$ 0 - \$ 45,420	\$ 45,421 - \$ 62,680	\$ 62,681 - \$ 68,130	\$ 68,131 - \$ 90,839	\$90,840
8	\$ 0 - \$ 50,560	\$ 50,561 - \$ 69,773	\$ 69,774 - \$ 75,840	\$ 75,841 - \$ 101,119	\$101,120
Para personas mas de 8 en su familia	\$5,140	\$7,093	\$7,710	\$10,280	\$12,233
Nivel de Pobreza	0% to 100% FPL	101 % to 138% FPL	139% to 150% FPL	151% to 199% FPL	200% + FPL

Las Pautas Federales de Pobreza (FPG) publicadas en el Registro Federal se actualizan generalmente anualmente para tener en cuenta los aumentos en el Índice de Precios al Consumidor; también están disponibles en el sitio web de U.S. Health and Human Services en <http://aspe.hhs.gov/poverty>

PROGRAMA DE DESCUENTO DE TARIFA FLEXIBLE 2023-2024

Tipo de visita de servicio	A	B	C	D	E
Atencion primaria con Laboratorio	\$35.00	\$50.00	\$80.00	\$120.00	\$203.00
Retiniana	\$35.00	\$40.00	\$45.00	\$50.00	\$74.00
Nutricion Consejeria Individual /Grupo	\$25.00 \$5.00	\$40.00 \$10.00	\$60.00 \$15.00	\$90.00 \$20.00	\$122.00 \$25.00
Podiatria	\$55.00	\$65.00	\$75.00	\$90.00	\$150.00
Podiatria Procedimientos (vista)	\$75.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Salud Mental y Abuso de Sustancias	\$25 individual \$5 group	\$35 individual \$10 group	\$55 individual \$15 group	\$80 individual \$20 group	\$140 individual \$25 group
Servicios de Farmacia Clínica	\$10.00	\$43.00	\$70.00	\$105.00	\$175.00
Farmacia	\$ 5 Generic \$ 10 Brand (+ el costo de la medicación)	\$ 6 Generic \$ 12 Brand (+ el costo de la medicación)	\$ 7 Generic \$ 14 Brand (+ el costo de la medicación)	\$ 8 Generic \$ 16 Brand (+ el costo de la medicación)	\$ 10 Generic \$ 20 Brand (+ el costo de la medicación)
Dental Nivel 1 - preventivo, emergencias, extracciones, limpieza (incluye examen, radiografias)	\$55.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 2a - Simple Restarativo (soltero)	\$65.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 2b - restarativo complejo (2+rellenos) resin	\$120.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 3 : extracciones quieurgicas	\$120.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 4a - Simple canal radicular (1 or 2 canals) (*)	\$300.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 4b - complejo canal radicular (3+ canals) (*)	\$400.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
Dental Nivel 5 - corona/dentaduras/parciales	\$475.00	40% del costo de la visita	60% del costo de la visita	80% del costo de la visita	100% del costo de la visita
(*) Una tarifa para todas las visitas necesarias para completar el procedimiento					
Limpieza profunda	\$120.00	\$130.00	\$211.00	\$260.00	\$325.00

Otros Gastos

Vacana Antigripal	\$20.00	Carta de discapacidad	\$10.00
Examen de Tuberculosis	\$10.00	Otras cartas medicas	\$5.00
		Solicitud Registros Medicos	\$15.00

Exclusions

Podiatria	Gastos : Lance o protección debajo de las botas de rodillera, aparatos ortopédicos y equipo médico duradero
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Family Planning Title X

FEDERAL POVERTY GUIDELINES 2023-2024

GROSS ANNUAL INCOME

Family Size	A From - To	B From - To	C From - To	D From - To	E Over	F Over
1	\$ 0 - \$ 14,580	\$ 14,581 - \$ 20,120	\$ 20,121 - \$ 21,870	\$ 21,871 - \$ 29,159	\$ 29,460 - \$ 36,449	\$36,450
2	\$ 0 - \$ 19,720	\$ 19,721 - \$ 27,214	\$ 27,215 - \$ 29,580	\$ 29,581 - \$ 39,439	\$ 39,440 - \$ 49,299	\$49,300
3	\$ 0 - \$ 24,860	\$ 24,861 - \$ 34,307	\$ 34,308 - \$ 37,290	\$ 37,291 - \$ 49,719	\$ 49,720 - \$ 62,150	\$62,150
4	\$ 0 - \$ 30,000	\$ 30,001 - \$ 41,400	\$ 41,401 - \$ 45,000	\$ 45,001 - \$ 59,999	\$ 60,000 - \$ 74,999	\$75,000
5	\$ 0 - \$ 35,140	\$ 35,141 - \$ 48,493	\$ 48,494 - \$ 52,710	\$ 52,711 - \$ 70,279	\$ 70,280 - \$ 87,849	\$87,850
6	\$ 0 - \$ 40,280	\$ 40,281 - \$ 55,586	\$ 55,587 - \$ 60,420	\$ 60,421 - \$ 80,559	\$ 80,560 - \$ 100,699	\$100,700
7	\$ 0 - \$ 45,420	\$ 45,421 - \$ 62,680	\$ 62,681 - \$ 68,130	\$ 68,131 - \$ 90,839	\$ 90,840 - \$ 113,449	\$113,550
8	\$ 0 - \$ 50,560	\$ 50,561 - \$ 69,773	\$ 69,774 - \$ 75,840	\$ 75,841 - \$ 101,119	\$ 101,120 - \$ 126,399	\$126,400
Each Additional Person	\$5,140	\$7,093	\$7,710	\$10,280	\$12,233	\$12,850
Poverty Level	0%-100% Poverty	101 %-138% Poverty	139%-150% Poverty	151%-199% Poverty	200%-249% Poverty	250% and above Poverty

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>

	A	B	C	D	E	F
Family Planning Services	FAM PACT PROGRAM (HAP CARD)				NO FEE Services covered under Title X	

***This sliding fee schedule is used for the non-qualified FAM-PACT due to Income use for TITLE X up to 250% poverty level.