



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.

3/16/2021

FEDERAL POVERTY GUIDELINES 2021-2022					
GROSS ANNUAL INCOME					
Family Size	A From - To Annual	B From - To Annual	C From - To Annual	D From - To Annual	E Over Annual
1	\$ 0 - \$ 12,880	\$ 12,881 - \$ 17,774	\$ 17,775 - \$ 19,320	\$ 19,321 - \$ 25,760	\$25,761
2	\$ 0 - \$ 17,420	\$ 17,421 - \$ 24,040	\$ 24,041 - \$ 26,130	\$ 26,131 - \$ 34,840	\$38,410
3	\$ 0 - \$ 21,960	\$ 21,961 - \$ 30,305	\$ 30,306 - \$ 32,940	\$ 32,941 - \$ 43,920	\$43,921
4	\$ 0 - \$ 26,500	\$ 26,501 - \$ 36,570	\$ 36,571 - \$ 39,750	\$ 39,751 - \$ 53,000	\$53,000
5	\$ 0 - \$ 31,040	\$ 31,041 - \$ 42,835	\$ 42,836 - \$ 46,560	\$ 46,561 - \$ 62,080	\$62,081
6	\$ 0 - \$ 35,580	\$ 35,581 - \$ 49,100	\$ 49,101 - \$ 53,370	\$ 53,371 - \$ 71,160	\$71,161
7	\$ 0 - \$ 40,120	\$ 40,121 - \$55,366	\$ 55,367 - \$ 60,180	\$ 60,181 - \$ 80,240	\$82,241
8	\$ 0 - \$ 44,600	\$ 44,661 - \$ 61,631	\$ 61,632 - \$ 66,990	\$ 66,991 - \$ 89,320	\$89,321
Each Additional Person	\$4,540	\$6,265	\$6,810	\$9,080	\$10,805
Poverty Level	0% to 100% Poverty	101 % to 138% Poverty	139% to 150% Poverty	151% to 199% Poverty	200% and above Poverty
Other Insurance Options	Medi-cal, Fampact, Mgr-Care, or MHLA eligible		Sliding Fee Eligible		

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 2021-2022

Service Visit Type	A	B	C	D	E
Primary Care and Inclusive Labs	\$35.00	\$50.00	\$80.00	\$120.00	Pay Full Cost
Retinal	\$35.00	\$40.00	\$45.00	\$50.00	Pay Full Cost
Nutrition Counseling Individual /Group	\$25.00 \$5.00	\$40.00 \$10.00	\$60.00 \$15.00	\$90.00 \$20.00	Pay Full Cost
Podiatry visit (including trim nails)	\$55.00	\$65.00	\$75.00	\$90.00	Pay Full Cost
Podiatry Procedures	\$75.00	40% of visit cost	60% of visit cost	80% of visit cost	Pay Full Cost
Behavioral Health Substance Abuse	\$25 individual \$5 group	\$35 individual \$10 group	\$55 individual \$15 group	\$80 individual \$20 group	Pay Full Cost
Clinical Pharmacy Services	\$25.00	\$40.00	\$60.00	\$90.00	Pay Full Cost
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	Pay Full Cost
Dental Level 2a - Simple Restorative (single surface fillings)	\$65.00	40% of visit cost	60% of visit cost	80% of visit cost	Pay Full Cost
Dental Level 2b - Complex Restorative (2+surface fillings) resin	\$120.00	40% of visit cost	60% of visit cost	80% of visit cost	Pay Full Cost
Dental Level 3 : surgical extractions	\$120.00	40% of visit cost	60% of visit cost	80% of visit cost	Pay Full 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	Pay Full Cost
Dental Level 4b - Complex root canal (3+ canals) (*)	\$400.00	40% of visit cost	60% of visit cost	80% of visit cost	Pay Full Cost
Dental Level 5 - Crown/dentures/partial	\$475.00	40% of visit cost	60% of visit cost	80% of visit cost	Pay Full Cost
(*) One Fee for all visits needed to complete the procedure					
Dental Deep Cleaning	\$120.00	\$150.00	\$180.00	\$210.00	Pay Full Cost

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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Via Care atiende a todos los pacientes, independientemente de su estado de cobertura medica. Aceptamos la mayoría de los planes de cobertura medica de asistencia ublica, incluyendo Medi-Cal, y podemos ayudarle a inscribirse es un plan. Se ofrecen descuentos a los pacientes que pagan por cuenta propia segun el tamaño de la familia y los ingresos.

3/16/2021

PAUTAS FEDERALES DE ELEGIBILIDAD DEL INGRESO 2021

	A	B	C	D	E
Personas	Anual	Anual	Anual	Anual	Anual
1	\$ 0 - \$ 12,880	\$ 12,881 - \$ 17,774	\$ 17,775 - \$ 19,320	\$ 19,321 - \$ 25,760	\$25,761
2	\$ 0 - \$ 17,420	\$ 17,421 - \$ 24,040	\$ 24,041 - \$ 26,130	\$ 26,131 - \$ 34,840	\$38,410
3	\$ 0 - \$ 21,960	\$ 21,961 - \$ 30,305	\$ 30,306 - \$ 32,940	\$ 32,941 - \$ 43,920	\$43,921
4	\$ 0 - \$ 26,500	\$ 26,501 - \$ 36,570	\$ 36,571 - \$ 39,750	\$ 39,571 - \$ 53,000	\$53,000
5	\$ 0 - \$ 31,040	\$ 31,041 - \$ 42,835	\$ 42,836 - \$ 46,560	\$ 46,561 - \$ 62,080	\$62,081
6	\$ 0 - \$ 35,580	\$ 35,581 - \$ 49,100	\$ 49,101 - \$ 53,370	\$ 53,371 - \$ 71,160	\$71,161
7	\$ 0 - \$ 40,120	\$ 40,121 - \$55,366	\$ 55,367 - \$ 60,180	\$ 60,181 - \$ 80,240	\$82,241
8	\$ 0 - \$ 44,600	\$ 44,661 - \$ 61,631	\$ 61,632 - \$ 66,990	\$ 66,991 - \$ 89,320	\$89,321
Para personas mas de 8 en su familia	\$4,540	\$6,265	\$6,810	\$9,080	\$10,805
Nivel de Pobreza	0% to 100% Poverty	101 % to 138% Poverty	139% to 150% Poverty	151% to 199% Poverty	200% and above Poverty
Other Insurance Options	Medi-cal, Fampact, Mgr-Care, or MHLA eligible			Sliding Fee Eligible	

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 2021

Service Visit Type	A	B	C	D	E
Atencion primaria con Laboratorio	\$35.00	\$50.00	\$80.00	\$120.00	Pagar el Costo Total
Retiniana	\$35.00	\$40.00	\$45.00	\$50.00	Pagar el Costo Total
Nutricion Consejera Individual /Grupo	\$25.00 \$5.00	\$40.00 \$10.00	\$60.00 \$15.00	\$90.00 \$20.00	Pagar el Costo Total
Podiatria	\$55.00	\$65.00	\$75.00	\$90.00	Pagar el Costo Total
Podiatria Procedimientos (vista)	\$75.00	40% Costo de visita	60% Costo de visita	80% Costo de visita	Pagar el Costo Total
Salud Mental y Abuso de Sustancias	\$25 individual \$5 group	\$35 individual \$10 group	\$55 individual \$15 group	\$80 individual \$20 group	Pagar el Costo Total
Farmacia Clinica	\$25.00	\$40.00	\$60.00	\$90.00	Pagar el Costo Total
Farmacia	\$ 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 Nivel 1 - preventivo, emergencias, extracciones, limpieza (incluye examen, radiografias)	\$55.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
Dental Nivel 2a - Simple Restarativo (soltero)	\$65.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
Dental Nivel 2b - restarativo complejo (2+rellenos) resin	\$120.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
Dental Nivel 3 : extracciones quieurgicas	\$120.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
Dental Nivel 4a - Simple canal radicular (1 or 2 canals) (*)	\$300.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
Dental Nivel 4b - complejo canal radicular (3+ canals) (*)	\$400.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
Dental Nivel 5 - corona/dentaduras/parciales	\$475.00	40% Costo de visita	40% Costo de visita	80% Costo de visita	Pagar el Costo Total
(*) Una tarifa para todas las visitas necesarias para completar el procedimiento					
Limpieza profunda	\$120.00	\$150.00	\$180.00	\$210.00	Pagar el Costo Total

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 2021-2022						
GROSS ANNUAL INCOME						
	A	B	C	D	E	F
Family Size	From - To Annual	From - To Annual	From - To Annual	From - To Annual	Over Annual	Over Annual
1	\$ 0 - \$ 12,880	\$ 12,881 - \$ 17,774	\$ 17,775 - \$ 19,320	\$ 19,321 - \$ 25,760	\$ 25,761 - \$32,200	\$32,201
2	\$ 0 - \$ 17,420	\$ 17,421 - \$ 24,040	\$ 24,041 - \$ 26,130	\$ 26,131 - \$ 34,840	\$ 34,841 - \$ 43,550	\$43,551
3	\$ 0 - \$ 21,960	\$ 21,961 - \$ 30,305	\$ 30,306 - \$ 32,940	\$ 32,941 - \$ 43,920	\$ 43,921 - \$ 54,900	\$54,901
4	\$ 0 - \$ 26,500	\$ 26,501 - \$ 36,570	\$ 36,571 - \$ 39,750	\$ 39,571 - \$ 53,000	\$ 53,001 - \$ 66,250	\$66,251
5	\$ 0 - \$ 31,040	\$ 31,041 - \$ 42,835	\$ 42,836 - \$ 46,560	\$ 46,561 - \$ 62,080	\$ 62,081 - \$ 77,660	\$77,661
6	\$ 0 - \$ 35,580	\$ 35,581 - \$ 49,100	\$ 49,101 - \$ 53,370	\$ 53,371 - \$ 71,160	\$ 71,161 - \$ 88,950	\$88,951
7	\$ 0 - \$ 40,120	\$ 40,121 - \$55,366	\$ 55,367 - \$ 60,180	\$ 60,181 - \$ 80,240	\$ 80,541 - \$ 100,300	\$100,301
8	\$ 0 - \$ 44,600	\$ 44,661 - \$ 61,631	\$ 61,632 - \$ 66,990	\$ 66,991 - \$ 89,320	\$ 89,201 - \$ 111,500	\$111,501
Each Additional Person	\$4,540	\$6,265	\$6,810	\$9,080	\$11,350	\$13,620
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.