

HealthWorks								
Sliding Fee Scale - Annual Income								
The Nominal Charge is Collected at Check-in								
Fee Scale effective March 1, 2024			Based on 2024 DHHS Federal Poverty Guidelines					
Note: For families/financial households with more than 8 persons, add \$5,380 for each additional person.								
	A	B	C	D	E	F	G	
	0% - 33%	34% - 66%	67% - 100%	101-125%	126-150%	151-175%	176-200%	Over 200%
Medical Visits w/Provider (1)	Patient pays \$10 Nominal Charge			Patient pays \$20 Nominal Charge	Patient pays \$30 Nominal Charge	Patient pays \$40 Nominal Charge	Patient pays \$50 Nominal Charge	Patient pays 100% of the billed charges
Medical Procedure Visit w/Provider (2)	Patient pays \$30 Nominal Charge			Patient pays \$50 Nominal Charge	Patient pays \$100 Nominal Charge	Patient pays \$150 Nominal Charge	Patient pays \$200 Nominal Charge	Patient pays 100% of the billed charges
Nurse Visit (3)	Patient pays \$0 Nominal Charge			Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays 100% of the billed charges
Chronic Care Management	Patient pays \$0 Nominal Charge			Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays \$0 Nominal Charge	Patient pays 100% of the billed charges
Behavioral Health Individual Session (4)	Patient pays \$4 Nominal Charge			Patient pays \$10 Nominal Charge	Patient pays \$16 Nominal Charge	Patient pays \$22 Nominal Charge	Patient pays \$28 Nominal Charge	Patient pays 100% of the billed charges
Behavioral Health Group Session (4)	Patient pays \$2 Nominal Charge			Patient pays \$5 Nominal Charge	Patient pays \$8 Nominal Charge	Patient pays \$11 Nominal Charge	Patient pays \$14 Nominal Charge	Patient pays 100% of the billed charges
Behavioral Health Psychiatric Visit (4)	Patient pays \$10 Nominal Charge			Patient pays \$20 Nominal Charge	Patient pays \$30 Nominal Charge	Patient pays \$40 Nominal Charge	Patient pays \$50 Nominal Charge	Patient pays 100% of the billed charges
Preventive Dental Services (5)	Patient pays \$10 Nominal Charge			Patient pays \$20 Nominal Charge	Patient pays \$30 Nominal Charge	Patient pays \$40 Nominal Charge	Patient pays \$50 Nominal Charge	Patient pays 100% of the billed charges
Restorative Dental Services (6)	Patient pays \$40 Nominal Charge per tooth			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Dental Services Crowns *	Patient pays \$150 Nominal Charge per tooth			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Dental Services Root Canals (7) *	Patient pays \$125 Nominal Charge per tooth			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Dental Services Dentures (8) *	Patient pays \$350 (acrylic) \$285 + \$8 per tooth (cast) Nominal Charge per each denture (upper/lower)			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges
Restorative Denture Adjustments *	\$40 plus lab fees			Patient pays 25% of billed charges	Patient pays 50% of billed charges	Patient pays 75% of billed charges	Patient pays 75% of billed charges	Patient pays 100% of the billed charges

- Includes employment, school, sports physicals, adult immunizations, birth control
 - Medical Procedures- IUD insertion/removal, Nail Removal, Wart Removal, Skin Tag Removal, Joint/Trigger Injections
 - Blood pressure checks, glucose checks, INR, wound care, care management
 - Telepsychiatry or in office setting
 - Preventive Dental Services- Oral Examinations, X-rays, Cleanings, Fluoride Treatments & Sealants
 - Restorative Dental Services- Fillings, Extractions, add tooth to existing partial denture, reline or adjust per denture
 - Root canals offered include anterior and single canal procedures. Complex dental and oral pathology services will not be provided, which includes bridges and multiple canals.
 - Dental Services Dentures- Complete, Immediate, Partial, Interim Partial
Denture adjustment will be no charge for 6 months after patient receives dentures. Thereafter, denture adjustments are a Restorative Denture service.
- * Additional Dental Lab fees may be charged for any dental services.

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	0-33	33.0001-66	67.0001-100	100.0001-125	125.0001-150	150.0001-175	175.0001-200	
Family Size	0% - 33%	34% - 66%	67% - 100%	101-125%	126-150%	151-175%	176-200%	Over 200%
1	0	4969.81	9939.61	15060.01	18825.01	22590.01	26355.01	30120.01
	4969.80	9939.60	15060.00	18825.00	22590.00	26355.00	30120.00	
2	0	6745.21	13490.41	20440.01	25550.01	30660.01	35770.01	40880.01
	6745.20	13490.40	20440.00	25550.00	30660.00	35770.00	40880.00	
3	0	8520.61	17041.21	25820.01	32275.01	38730.01	45185.01	51640.01
	8520.60	17041.20	25820.00	32275.00	38730.00	45185.00	51640.00	
4	0	10296.01	20592.01	31200.01	39000.01	46800.01	54600.01	62400.01
	10296.00	20592.00	31200.00	39000.00	46800.00	54600.00	62400.00	
5	0	12071.41	24142.81	36580.01	45725.01	54870.01	64015.01	73160.01
	12071.40	24142.80	36580.00	45725.00	54870.00	64015.00	73160.00	
6	0	13846.81	27693.61	41960.01	52450.01	62940.01	73430.01	83920.01
	13846.80	27693.60	41960.00	52450.00	62940.00	73430.00	83920.00	
7	0	15622.21	31244.41	47340.01	59175.01	71010.01	82845.01	94680.01
	15622.20	31244.40	47340.00	59175.00	71010.00	82845.00	94680.00	
8	0	17397.61	34795.21	52720.01	65900.01	79080.01	92260.01	105440.01
	17397.60	34795.20	52720.00	65900.00	79080.00	92260.00	105440.00	
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