



COMMUNITY CLINIC OF MAUI, INC.
dba MALAMA I KE OLA HEALTH CENTER
SLIDING FEE SCALE

Effective Date: 05/01/19

SERVICE LINE: ALL PROGRAMS EXCEPT DENTAL, BEHAVIORAL HEALTH, FAMILY PLANNING AND PHARMACY

Number of Family Members	1	2	3	4	5	6	7	8
Annual Income Ranges:								
B =<100% of Poverty (Nominal Charge)	14,380	19,460	24,540	29,620	34,700	39,780	44,860	49,940
C 101 - 150% of Poverty	14,381	19,461	24,541	29,621	34,701	39,781	44,861	49,941
	21,570	29,190	36,810	44,430	52,050	59,670	67,290	74,910
D 151 - 175% of Poverty	21,571	29,191	36,811	44,431	52,051	59,671	67,291	74,911
	25,165	34,055	42,945	51,835	60,725	69,615	78,505	87,395
E 176 - 200% of Poverty	25,166	34,056	42,946	51,836	60,726	69,616	78,506	87,396
	28,760	38,920	49,080	59,240	69,400	79,560	89,720	99,880
F > 200% of Poverty	28,761	38,921	49,081	59,241	69,401	79,561	89,721	99,881
	+	+	+	+	+	+	+	+

For households with members greater than above, add \$5,080 to code B income amounts for each additional person in the household.

Monthly Income Ranges:								
B =<100% of Poverty (Nominal Charge)	1,198	1,622	2,045	2,468	2,892	3,315	3,738	4,162
C 101 - 150% of Poverty	1,198	1,622	2,045	2,468	2,892	3,315	3,738	4,162
	1,798	2,433	3,068	3,703	4,338	4,973	5,608	6,243
D 151 - 175% of Poverty	1,798	2,433	3,068	3,703	4,338	4,973	5,608	6,243
	2,097	2,838	3,579	4,320	5,060	5,801	6,542	7,283
E 176 - 200% of Poverty	2,097	2,838	3,579	4,320	5,061	5,801	6,542	7,283
	2,397	3,243	4,090	4,937	5,783	6,630	7,477	8,323
F > 200% of Poverty	2,397	3,243	4,090	4,937	5,783	6,630	7,477	8,323
	+	+	+	+	+	+	+	+

50%			
Code	Fixed Fee	Prompt Pay Discount	Discounted Fee
B	\$25.00	(\$12.50)	\$12.50
C	\$35.00	(\$17.50)	\$17.50
D	\$75.00	(\$37.50)	\$37.50
E	\$100.00	(\$50.00)	\$50.00
F	\$150.00	(\$75.00)	\$75.00



COMMUNITY CLINIC OF MAUI, INC.
dba MALAMA I KE OLA HEALTH CENTER
Charges - Supply Costs
SERVICE LINE: FAMILY PLANNING

Effective Date: 05/01/19

		<u>Charge</u>
81025	Urine pregnancy test (UPT)	1.01
90649	HPV Vaccine	204.51
J0011	Depsgem Birth Control	11.55
J1055	Medroxyprogesterone (Depo-Provera)	9.15
J7300	Paragard IUD	269.65
J7307	Implanon/Nexplanon	359.29
J8499LO/OV	LO-Ovral 28 Day BCP	22.98
J8499 LUTE	Lutera BCP	8.33
J8499MICRO	Micronor 28 Day BCP	3.87
J8499ORCYC	Ortho-Cyclen 28 Day BCP	3.12
J8499ORDI	Ortho-Cyclen 28 Day BCP	3.65
J8499 ECP	Plan B-Levonorgestrel	7.76
J8499TRILO	Orthotricyclen-Lo BCP	0.32
J8499ORT28	Ortho Tri-Cyclen 28 Day BCP	3.02
J8499TRIVO	Trivora 28 DAY BCP	7.86
J8499NXTCH	Lovonorgestrel (Next Choice)	14.12
J7298	Mirena Levonorgestrel IUD	364.01
J7301	Skyla	440.90



COMMUNITY CLINIC OF MAUI, INC.
 dba MALAMA I KE OLA HEALTH CENTER
 SLIDING FEE SCALE
 SERVICE LINE: BEHAVIORAL HEALTH

Effective Date: 05/01/19

Number of Family Members		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
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		+	+	+	+	+	+	+	+

50%			
Code	Fixed Fee	Prompt Pay Discount	Discounted Fee
B	\$10.00	(\$5.00)	\$5.00
C	\$11.00	(\$5.50)	\$5.50
D	\$12.00	(\$6.00)	\$6.00
E	\$15.00	(\$7.50)	\$7.50
F	\$20.00	(\$10.00)	\$10.00

