

**Wesley Health Center**  
**Annual Federal Poverty Guidelines and Sliding Fee Schedule**  
**Effective: March 1, 2023**

Primary Care Medical Services	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5
Administration fee - Office Visit (including preventive care)	\$40	\$45	\$50	\$55	Full price	Full price
Administration fee - Follow up visit (including primary care, neurology, nutrition visit)	\$10	\$12	\$14	\$16	Full price	Full price
Telephone Encounter Office Visit	\$30	\$35	\$40	\$45	Full price	Full price
OB Prenatal Plan (59426)	\$500	\$550	\$600	\$650	Full price	Full price
GYN PROCEDURES-IN HOUSE (Colposcopy and LEEP)	\$350	\$400	\$450	\$500	Full price	Full price
Circumcision	\$175	\$225	\$250	\$300	Full price	Full price
Vasectomy	\$350	\$450	\$550	\$650	Full price	Full price
Dermatology In - house Procedure	\$110	\$115	\$120	\$125	Full price	Full price
Podiatry In- house Procedure	\$110	\$115	\$120	\$125	Full price	Full price
Inserts at Cost (79 insert + 6 shipping)	\$85	\$90	\$95	\$100	Full price	Full price
Family Planning Services* (Title X)	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5
Administration fee - Family Planning* Office Visit (includes lab fees & supplies excluding Nexplanon and IUD's)	\$0	\$25	\$30	\$40	\$45	Full price
Nexplanon and IUD's (device only)	\$0	\$50	\$55	\$60	\$65	Full price
Wesley Laboratory Services	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5
Administration fee - Labs, Procedures and/or Injections (lab only no office visit) (excluding Specialty labs)	\$30	\$35	\$40	\$45	Full price	Full price
FOBT (Fecal Occult Blood Test)	\$5	\$6	\$7	\$8	Full price	Full price
Hemoglobin A1C	\$8	\$9	\$10	\$11	Full price	Full price
INR	\$5	\$6	\$7	\$8	Full price	Full price
TB SKIN TEST (86580)	\$25	\$26	\$27	\$28	Full price	Full price
Immunizations (including Flu)	<i>Immunizations may be covered by Arizona Department of Health Services or may vary by insurance plan.</i>					
Administration of Immunizations 1 only	\$10	\$11	\$12	\$13	Full price	Full price
Administration of Immunizations 2 or more	\$20	\$21	\$22	\$23	Full price	Full price
Private Stock Flu Over 65 years of Age	\$40	\$44	\$48	\$52	\$60	\$60
Wesley Imaging Services	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5
Administration fee - Retina Vue	\$5	\$6	\$7	\$8	Full price	Full price
Behavioral Health Services	Code 0	Code1	Code2	Code3	Code4	Code5
Counseling - Initial Assessment Same day as a Medical Visit	\$0	\$5	\$6	\$7	Full price	Full price
Counseling - Initial Assessment	\$35	\$40	\$45	\$50	Full price	Full price
Counseling - Re-Assessment Follow-up	\$20	\$25	\$30	\$35	Full price	Full price
Counseling - Individual Intervention	\$20	\$25	\$30	\$35	Full price	Full price
Counseling - Group Intervention	\$5	\$6	\$7	\$8	Full price	Full price
Counseling - Family Session with Patient	\$20	\$25	\$30	\$35	Full price	Full price
Counseling - Family Session without Patient	\$30	\$35	\$40	\$45	Full price	Full price

\*Family Planning Services funded by Arizona Family Health Partnership, effective July 1, 2015.

**ANNUAL INCOME\***

Family Size	Code 0 Under 100%	Code 1 101% to 125%	Code 2 126% TO 150%	Code 3 151% TO 200%	Code 4 201% TO 250%	Code 5 OVER 250%
1	14,580	14,581 18,225	18,226 21,870	21,871 29,160	29,161 36,450	36,451 AND UP
2	19,720	19,721 24,650	24,651 29,580	29,581 39,440	39,441 49,300	49,301 AND UP
3	24,860	24,861 31,075	31,076 37,290	37,291 49,720	49,721 62,150	62,151 AND UP
4	30,000	30,001 37,500	37,501 45,000	45,001 60,000	60,001 75,000	75,001 AND UP
5	35,140	35,141 43,925	43,926 52,710	52,711 70,280	70,281 87,850	87,851 AND UP
6	40,280	40,281 50,350	50,351 60,420	60,421 80,560	80,561 100,700	100,701 AND UP
7	45,420	45,421 56,775	56,776 68,130	68,131 90,840	90,841 113,550	113,551 AND UP
8**	50,560	50,561 63,200	63,201 75,840	75,841 101,120	101,121 126,400	126,401 AND UP

\*Federal Poverty Level Source: <https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines>

\*\*For families/households with more than 8 persons, add \$5,140 for each additional person.

Family Planning - Lab Only Encounters	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5
<b>*Refills Only*</b>	<b>*Refills Only*</b>	<b>*Refills Only*</b>	<b>*Refills Only*</b>	<b>*Refills Only*</b>	<b>*Refills Only*</b>	<b>*Refills Only*</b>
Condoms	\$0	\$0	\$0	\$0	\$0	\$0
OCP	\$0	\$2	\$4	\$6	\$8	\$10
Patch	\$0	\$10	\$15	\$30	\$45	\$60
Nuva Ring	\$0	\$15	\$20	\$25	\$30	\$35
Depo	\$0	\$5	\$10	\$15	\$20	\$25
Emergency Contraceptive	\$0	\$2	\$4	\$6	\$8	\$10
Pregnancy Test	\$0	\$0	\$0	\$0	\$0	\$0
Chlamydia Treatment	\$0	\$0	\$0	\$0	\$0	\$0