

Wesley Health Center
Annual Federal Poverty Guidelines and Sliding Fee Schedule
Effective: March 1, 2024

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)	\$600	\$650	\$700	\$750	Full price	Full price
GYN PROCEDURES-IN HOUSE (Colposcopy and IEP)	\$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	15,060	15,061 18,825	18,826 22,590	22,591 30,120	30,121 37,650	37,651 AND UP
2	20,440	20,441 25,550	25,551 30,660	30,661 40,880	40,881 51,100	51,101 AND UP
3	25,820	25,821 32,275	32,276 38,730	38,731 51,640	51,641 64,550	64,551 AND UP
4	31,200	31,201 39,000	39,001 46,800	46,801 62,400	62,401 78,000	78,001 AND UP
5	36,580	36,581 45,725	45,726 54,870	54,871 73,160	73,161 91,450	91,451 AND UP
6	41,960	41,961 52,450	52,451 62,940	62,941 83,920	83,921 104,900	104,901 AND UP
7	47,340	47,341 59,175	59,176 71,010	71,011 94,680	94,681 118,350	118,351 AND UP
8**	52,720	52,721 65,900	65,901 79,080	79,081 105,440	105,441 131,800	131,801 AND UP

*<https://www.federalregister.gov/documents/2024/01/17/2024-00796/annual-update-of-the-hhs-poverty-guidelines>

**For families/households with more than 8 persons, add \$5,380 for each additional person.

Family Planning - Lab Only Encounters	Code 0	Code 1	Code 2	Code 3	Code 4	Code 5
Refills Only	*Refills Only*	*Refills Only*	*Refills Only*	*Refills Only*	*Refills Only*	*Refills Only*
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