

MEDICAL SERVICES 2023

Notice to All Patients of Friends of Family Health Center

As a Federally Qualified Health Center, we do not refuse to provide health care services to any individuals because of inability to pay. Discounts for essential services are offered dependent upon family size & income as determined by a discounted Sliding Fee Schedule (below). You may apply for a discount at the front desk or call (562) 690-0400.

↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1215	\$1216 - \$1519	\$1520 - \$1823	\$1824 - \$2126	\$2127 - \$2430	> greater than \$2430
2	\$ 0 - \$1643	\$1644 - \$2054	\$2055 - \$2465	\$2466 - \$2876	\$2877 - \$3287	> greater than \$3287
3	\$ 0 - \$2072	\$2073 - \$2590	\$2591 - \$3108	\$3109 - \$3625	\$3626 - \$4143	> greater than \$4143
4	\$ 0 - \$2500	\$2501 - \$3125	\$3126 - \$3750	\$3751 - \$4375	\$4376 - \$5000	> greater than \$5000
5	\$ 0 - \$2928	\$2929 - \$3660	\$3661 - \$4393	\$4394 - \$5125	\$5126 - \$5857	> greater than \$5857
6	\$ 0 - \$3357	\$3358 - \$4196	\$4197 - \$5035	\$5036 - \$5874	\$5875 - \$6713	> greater than \$6713
7	\$ 0 - \$3785	\$3786 - \$4731	\$4732 - \$5678	\$5679 - \$6624	\$6625 - \$7570	> greater than \$7570
8	\$ 0 - \$4213	\$4214 - \$5267	\$5268 - \$6320	\$6321 - \$7373	\$7374 - \$8427	> greater than \$8427
Each additional person over 8	Add \$428 per additional person	Add \$535 per additional person	Add \$643 per additional person	Add \$750 per additional person	Add \$857 per additional person	

Medical Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Amount	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$182.00

Sliding Fee Schedule of Discounts is based on 2023 Federal Poverty Level (FPL).

BEHAVIORAL HEALTH SERVICES 2023

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↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1215	\$1216 - \$1519	\$1520 - \$1823	\$1824 - \$2126	\$2127 - \$2430	> greater than \$2430
2	\$ 0 - \$1643	\$1644 - \$2054	\$2055 - \$2465	\$2466 - \$2876	\$2877 - \$3287	> greater than \$3287
3	\$ 0 - \$2072	\$2073 - \$2590	\$2591 - \$3108	\$3109 - \$3625	\$3626 - \$4143	> greater than \$4143
4	\$ 0 - \$2500	\$2501 - \$3125	\$3126 - \$3750	\$3751 - \$4375	\$4376 - \$5000	> greater than \$5000
5	\$ 0 - \$2928	\$2929 - \$3660	\$3661 - \$4393	\$4394 - \$5125	\$5126 - \$5857	> greater than \$5857
6	\$ 0 - \$3357	\$3358 - \$4196	\$4197 - \$5035	\$5036 - \$5874	\$5875 - \$6713	> greater than \$6713
7	\$ 0 - \$3785	\$3786 - \$4731	\$4732 - \$5678	\$5679 - \$6624	\$6625 - \$7570	> greater than \$7570
8	\$ 0 - \$4213	\$4214 - \$5267	\$5268 - \$6320	\$6321 - \$7373	\$7374 - \$8427	> greater than \$8427
Each additional person over 8	Add \$428 per additional person	Add \$535 per additional person	Add \$643 per additional person	Add \$750 per additional person	Add \$857 per additional person	

Behavioral Health Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
Individual Therapy	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$182.00
Group Therapy	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
Clinical Psychiatry	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$182.00

Sliding Fee Schedule of discounts is based on 2023 Federal Poverty Level (FPL).

DENTAL SERVICES 2023

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↓ Family Unit Size: Poverty Levels: →	Monthly Income: @ or below 100% (FPL)	Monthly Income: 101% to 125% (FPL)	Monthly Income: 126% to 150% (FPL)	Monthly Income: 151% to 175% (FPL)	Monthly Income: 176% to 200% (FPL)	Monthly Income: above 200% (FPL)
1	\$ 0 - \$1215	\$1216 - \$1519	\$1520 - \$1823	\$1824 - \$2126	\$2127 - \$2430	> greater than \$2430
2	\$ 0 - \$1643	\$1644 - \$2054	\$2055 - \$2465	\$2466 - \$2876	\$2877 - \$3287	> greater than \$3287
3	\$ 0 - \$2072	\$2073 - \$2590	\$2591 - \$3108	\$3109 - \$3625	\$3626 - \$4143	> greater than \$4143
4	\$ 0 - \$2500	\$2501 - \$3125	\$3126 - \$3750	\$3751 - \$4375	\$4376 - \$5000	> greater than \$5000
5	\$ 0 - \$2928	\$2929 - \$3660	\$3661 - \$4393	\$4394 - \$5125	\$5126 - \$5857	> greater than \$5857
6	\$ 0 - \$3357	\$3358 - \$4196	\$4197 - \$5035	\$5036 - \$5874	\$5875 - \$6713	> greater than \$6713
7	\$ 0 - \$3785	\$3786 - \$4731	\$4732 - \$5678	\$5679 - \$6624	\$6625 - \$7570	> greater than \$7570
8	\$ 0 - \$4213	\$4214 - \$5267	\$5268 - \$6320	\$6321 - \$7373	\$7374 - \$8427	> greater than \$8427
Each additional person over 8	Add \$428 per additional person	Add \$535 per additional person	Add \$643 per additional person	Add \$750 per additional person	Add \$857 per additional person	

Dental Service	Patient Pays @ or below 100% (FPL)	Patient Pays 101% to 125% (FPL)	Patient Pays 126% to 150% (FPL)	Patient Pays 151% to 175% (FPL)	Patient Pays 176% to 200% (FPL)	Patient Pays above 200% (FPL)
Patient Per Visit Charge	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
\$30 Nominal fee for all income levels for evaluations & Xrays	40% of procedure codes U&C	45% of procedure codes U&C	55% of procedure codes U&C	65% of procedure codes U&C	75% of procedure codes U&C	100% of procedure codes U&C

Sliding Fee Schedule of discounts is based on 2023 Federal Poverty Level (FPL).