

# SERVICIOS MEDICOS 2023

## Aviso para todos los pacientes de Friends of Family Health Center

Como Centro De Salud Federal Calificado, no le negamos los servicios de salud a ningún individuo por no tener los medios económicos para pagar.

Se ofrecen descuentos para servicios esenciales bajo el programa de tarifas reducidas y es calculado según el tamaño y los ingresos de la familia.

Usted puede aplicar para un descuento en la recepción o llamando al (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)	above 200% (FPL)
Patient Per Visit Charge	Nominal Fee	Discounted Fee	Discounted Fee	Discounted Fee	Discounted Fee	Full Charge
<b>Amount</b>	\$30.00	\$40.00	\$60.00	\$80.00	\$100.00	\$182.00

Los descuentos del programa de tarifas reducidas se basa en los niveles federales de pobreza- 24860 establecido de acuerdo a los ingresos mensuales y tamaño familiar.

# SERVICIOS DE SALUD DEL COMPORTAMIENTO 2023

## Aviso para todos los pacientes de Friends of Family Health Center

Como Centro De Salud Federal Calificado, no le negamos los servicios de salud a ningún individuo por no tener los medios económicos para pagar. Se ofrecen descuentos para servicios esenciales bajo el programa de tarifas reducidas y es calculado según el tamaño y los ingresos de la familia. Usted puede aplicar para un descuento en la recepción o llamando al (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	

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

Los descuentos del programa de tarifas reducidas se basa en los niveles federales de pobreza- establecido de acuerdo a los ingresos mensuales y tamaño familiar.

# SERVICIOS DENTALES 2023

## Aviso para todos los pacientes de Friends of Family Health Center

Como Centro De Salud Federal Calificado, no le negamos los servicios de salud a ningún individuo por no tener los medios económicos para pagar. Se ofrecen descuentos para servicios esenciales bajo el programa de tarifas reducidas y es calculado según el tamaño y los ingresos de la familia. Usted puede aplicar para un descuento en la recepción o llamando al (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	

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

Los descuentos del programa de tarifas reducidas se basa en los niveles federales de pobreza- establecido de acuerdo a los ingresos mensuales y tamaño familiar.