

MEDICAL SERVICES 2024

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 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 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 2024 Federal Poverty Level (FPL).

BEHAVIORAL HEALTH SERVICES 2024

Notice to All Patients of Friends of Family Health Center

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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 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
2	\$ 0 - \$1703	\$1704 - \$2129	\$2130 - \$2555	\$2556 - \$2981	\$2982 - \$3407	> greater than \$3407
3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
4	\$ 0 - \$2600	\$2601 - \$3250	\$3251 - \$3900	\$3901 - \$4550	\$4551 - \$5200	> greater than \$5200
5	\$ 0 - \$3048	\$3049 - \$3810	\$3811 - \$4573	\$4574 - \$5335	\$5336 - \$6097	> greater than \$6097
6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 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 2024 Federal Poverty Level (FPL).

DENTAL SERVICES 2024

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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 - \$1255	\$1256 - \$1569	\$1570 - \$1883	\$1884 - \$2196	\$2197 - \$2510	> greater than \$2510
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3	\$ 0 - \$2152	\$2153 - \$2690	\$2691 - \$3228	\$3229 - \$3765	\$3766 - \$4303	> greater than \$4303
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6	\$ 0 - \$3497	\$3498 - \$4371	\$4372 - \$5245	\$5246 - \$6119	\$6120 - \$6993	> greater than \$6993
7	\$ 0 - \$3945	\$3946 - \$4931	\$4932 - \$5918	\$5919 - \$6904	\$6905 - \$7890	> greater than \$7890
8	\$ 0 - \$4393	\$4394 - \$5492	\$5493 - \$6590	\$6591 - \$7688	\$7689 - \$8787	> greater than \$8787
Each additional person over 8	Add \$448 per additional person	Add \$560 per additional person	Add \$673 per additional person	Add \$785 per additional person	Add \$897 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 2024 Federal Poverty Level (FPL).

SERVICIOS MEDICOS 2024

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)
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Los descuentos del programa de tarifas reducidas se basa en los niveles federales de pobreza- 25820 establecido de acuerdo a los ingresos mensuales y tamaño familiar.

SERVICIOS DE SALUD DEL COMPORTAMIENTO 2024

Aviso para todos los pacientes de Friends of Family Health Center

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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 2024

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