

INSURANCE INFORMATION – PATIENT COST SHARING

Your copayment, and any coinsurance or deductible balance, is due at the time of your visit or your appointment will be rescheduled.

Please present your insurance card and identification card at each visit.

Su copago y coaseguro o balance de deductible es debido en el momento de su visita o su cita será reprogramada.

Por favor presente su tarjeta de seguro y tarjeta de identificación en cada visita.

WHITMAN-WALKER HEALTH'S SLIDING FEE ELIGIBILITY

Whitman-Walker Health (WWH) is a Federally Qualified Health Center (FQHC). As a FQHC, WWH provides discounted and free health care services to patients who have incomes below 200% of the Federal Poverty Level (FPL), taking into consideration family size. Patients of the health center will not be refused essential services based on an inability to pay. You can determine whether you may qualify for Whitman-Walkers' Sliding Fee Schedule of discounted services based on the 2019 Federal Poverty Level displayed below:

FEDERAL POVERTY LEVEL

Family and Household Size	Annual Federal Poverty Level – 100%	Monthly Federal Poverty Level – 100%	Monthly Federal Poverty Level – 200%
1	\$12,490	\$1,041	\$2,082
2	\$16,910	\$1,409	\$2,818
3	\$21,330	\$1,778	\$3,555
4	\$25,750	\$2,146	\$4,292
5	\$30,170	\$2,514	\$5,028
6	\$34,590	\$2,883	\$5,765
7	\$39,010	\$3,251	\$6,502
8	\$43,430	\$3,619	\$7,238
For families/households with more than 8 persons, for each additional person add:	\$4,420	\$368	\$737

WHITMAN-WALKER HEALTH'S SLIDING FEE SCHEDULE OF DISCOUNTED FEES BY SERVICE

MEDICAL SERVICES, INCLUDING PSYCHIATRY

Income Level	Flat Fee/Patient Responsibility
0% - 100%	\$0.00
101% - 125%	\$10.00
126% - 150%	\$20.00
151% - 175%	\$30.00
176% - 200%	\$40.00

MENTAL HEALTH/ADDICTION TREATMENT (INDIVIDUALS)*

Income Level	Flat Fee/Patient Responsibility
0% - 100%	\$0.00
101% - 125%	\$5.00
126% - 150%	\$10.00
151% - 175%	\$15.00
176% - 200%	\$20.00

MENTAL HEALTH/ADDICTION TREATMENT (GROUPS)

Income Level	Flat Fee/Patient Responsibility
0% - 100%	\$0.00
101% - 125%	\$2.50
126% - 150%	\$5.00
151% - 175%	\$7.50
176% - 200%	\$10.00

DENTAL – PREVENTIVE SERVICES

Income Level	Flat Fee/Patient Responsibility
0% - 100%	\$0.00
101% - 125%	\$5.00
126% - 150%	\$10.00
151% - 175%	\$15.00
176% - 200%	\$20.00

DENTAL – OTHER SERVICES

(Restorative, Endodontics, Oral Surgery, and Prosthetics)

Income Level	Percentage-Based Fee/Patient Responsibility
0% - 100%	0%
101% - 125%	15%
126% - 150%	20%
151% - 175%	25%
176% - 200%	30%

PHARMACY

Income Level	Pharmacy Discount	Patient Responsibility
0% - 100%	100%	\$1.00 (nominal fee)
101% - 125%	80%	20%*
126% - 150%	70%	30%*
151% - 175%	60%	40%*
176% - 200%	50%	50%*

*At least a flat fee of \$1.00)

