



Attachment Name:	Financial Assistance Co-Pay Schedule		
Attachment Number:	A2	Last Review/Revision Date:	5/2017

Service	150%	200%	300%	Medically Indigent
Ambulatory Clinic	\$0.00	\$20.00	\$50.00	Calculated discount
Specialty Clinic – excluding OB	\$0.00	\$25.00	\$30.00	Calculated discount
Urgent Care	\$0.00	\$50.00	\$60.00	Calculated discount
Emergency	\$0.00	\$75.00	\$150.00	Calculated discount
Screening Mammogram	\$0.00	\$0.00	\$0.00	N/A
Preventative visit	\$0.00	\$0.00	\$0.00	N/A
OP Therapy	\$0.00	\$15.00	\$20.00	Calculated Discount
Simple lab or radiology	\$0.00	\$25.00	\$30.00	Calculated discount
Comprehensive Imaging	\$0.00	\$50.00	\$75.00	Calculated discount
Outpatient Surgery, cardiac cath lab, IVR	\$0.00	\$150.00	\$250.00	Calculated discount
Inpatient Services-excluding OB	\$0.00	\$250.00	\$500.00	Calculated discount