

Pricing for Shortgrass Community Health Centers, Inc.'s (SCHC's) most common health care services

In compliance with Oklahoma HB 1006 below is a listing of SCHC's most common health care services.

Explanation of the Sliding Fee Scale

As a Federally Qualified Health Center, SCHC may provide services to uninsured and underinsured individuals on a sliding basis. The charts listed below demonstrate the various fee schedules SCHC offers. Where an individual may fall within the slide is based on the current Federal Poverty Guidelines, the individual's household income, and the number of people living in the household with the individual.

To qualify for SCHC's sliding fee scale you must provide a photo ID, a list of members in the household with the individual, and proof of your household income. Examples of proof of income include:

- Most Recent Tax Return or Transcript
- Gross wages from most current pay stub
- Proof of any type of government assistance (e.g., veteran's military benefits, Social Security benefits, SSI, SSA)
- Letter from Student Financial Aid Agency
- Letter from employer (on company letterhead) indicating gross income and frequency. If not available, letter from employer indicating gross income and frequency may be provided, with phone number for verification.
- For individuals that are not working/unemployed, please call the clinic (580-688-2800) for details about what to provide for income verification

The Federal Poverty Guidelines are updated annually and can be found here:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

If you have any questions or concerns regarding billing, please contact our billing office at 580-688-2800



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CPT Code	Service	Charge
99213	Office or other outpatient visit for the evaluation and management of an established patient (20 - 29 Minutes)	\$ 210.00
99214	Office or other outpatient visit for the evaluation and management of an established patient (30 - 39 Minutes)	\$ 420.00
81002	Urinalysis	\$ 30.00
99212	Office or other outpatient visit for the evaluation and management of an established patient (10-19 Minutes)	\$ 75.00
83036	Hemoglobin A1c	\$ 10.00
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 - 44 Minutes)	\$ 478.00
36415	Venipuncture	\$15.00
96372	Therapeutic Injection	\$ 60.00
87880	Strep Test	\$ 55.00
80305	Urine Drug Screen	\$ 7.00
81025	Urine Pregnancy Test	\$ 30.00
87804	Influenza Test	\$ 55.00
99204	Office or other outpatient visit for the evaluation and management of a new patient (40 - 54 Minutes)	\$ 620.00
90756	Flu Vaccine	\$ 40.00
90834	Behavioral Health Visit	\$ 261.00
90833	Behavioral Health Visit	\$ 190.00
90832	Behavioral Health visit	\$ 188.00
D0150	Comp Oral Evaluation- new or established patient	\$ 80.00
D0140	Oral Evaluation –problem focused	\$ 60.00
D7140	Extraction, Erupted Tooth or Exposed Root	\$ 125.00
D0220	Intraoral-Periapical First Film	\$ 25.00
D0230	Intraoral- Periapical each additional film	\$ 20.00
D0274	Bitewings- Four films	\$ 55.00
D0272	Bitewings- Two Image	\$ 40.00
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D0330	Panoramic Film	\$ 80.00
D4341	Perio Scale Root Oin 4+	\$ 180.00
92022	Eye Exam New Patient	\$ 120.00
92003	Eye Exam New Patient	\$ 330.00
92012	Eye Exam and Treatment	\$209.00
92014	Eye Exam and Treatment	\$298.00



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A Sliding Fee Scale is available based on your household size and income. The fee for an office visit is adjusted based on the level of slide you qualify for.

Category	Slide	S1	S2	S3	S4	S5
% of Federal Poverty Level (FPL)		<= 100%	101 - 125 %	126 - 150%	151 - 175%	176 - 200%
Patient Nominal Fee	Medical / BH / Vision / Psychiatry	\$10	\$20	\$30	\$40	\$50
	Dental	\$20	\$30	\$40	\$50	\$60
Family Size						
1	Annual (Up to)	\$15,060	\$18,825	\$22,590	\$26,355	\$30,120
2	Annual (Up to)	\$20,440	\$25,550	\$30,660	\$35,770	\$40,880
3	Annual (Up to)	\$25,820	\$32,275	\$38,730	\$45,185	\$51,640
4	Annual (Up to)	\$31,200	\$39,000	\$46,800	\$54,600	\$62,400
5	Annual (Up to)	\$36,580	\$45,725	\$54,870	\$64,015	\$73,160
6	Annual (Up to)	\$41,960	\$52,450	\$62,940	\$73,430	\$83,920
7	Annual (Up to)	\$47,340	\$59,175	\$71,010	\$82,845	\$94,680
8	Annual (Up to)	\$52,720	\$65,900	\$79,080	\$92,260	\$105,440
	*	\$5,380	\$5,380	\$5,380	\$5,380	\$5,380
IMPORTANT: *For Family Units over 8, add the amount shown for each additional family member.						

SCHC Mammogram Sliding Fee Scale

Slide	S1	S2	S3	S4	S5	Self Pay
Nominal Fee	\$35	\$37	\$39	\$41	\$43	\$45

SCHC's Commonly Used CPT Codes for Labs and Immunizations for Sliding Scale Patients

CPT Code	Service	S1	S2	S3	S4	S5	Self-Pay
90756	Flu Vaccine	\$26.00	\$27.00	\$28.00	\$29.00	\$30.00	\$31.00
85025	CBC	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00
80053	Comp Metabolic Panel	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
83036	Hemoglobin A1c	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00
80061	Lipid Panel	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
84443	TSH	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00
84153	PSA	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00

