

**Ventura County Medical Center Self Pay Discount & Fee Schedule Effective May 1, 2010****A. Primary Care Clinic Visits - Patient Payment (each visit)\***

Evaluation & Management Code	Description of Service	LEVEL 1	LEVEL 2	LEVEL 3
		0-200% of FPL (1)	201%- 500% of FPL	501%-700% of FPL
99201-99205	New Patient: Office or Other Outpatient Visit	\$23	\$45	\$85
99212-99215	Established Patient: Office or Other Outpatient Visit	\$23	\$45	\$85
99391-99397	Established Patient: Periodic Comprehensive Preventive Medicine	\$23	\$45	\$85
	Urgent Care Visit- Must be paid at the time of visit	\$75	\$75	\$75

**\*Includes Clinic Room Charges and Professional Fee but does not include Laboratory Tests and X-ray Procedures**

**Specialty Clinic Visits & Consults - Patient Payment (each visit) \***

Evaluation & Management Code	Description of Service	LEVEL 1	LEVEL 2	LEVEL 3
		0-200% of FPL(1)	201%- 500% of FPL	501%-700% of FPL
99381-99387	New Patient: Initial Comprehensive	\$50	\$85	\$125
99391-99397	Established Patient: Periodic Comprehensive	\$23	\$45	\$85

**\*Includes Clinic Room Charges and Professional Fee but does not include Laboratory Tests and X-ray Procedures**

**Emergency Services \*\***

Evaluation & Management Code	Description of Service	LEVEL 1	LEVEL 2	LEVEL 3
		0-200% of FPL(1)	201%- 500% of FPL	501%-700% of FPL
99281-99285	New or Established Patient: Professional Fees Emergency Department Visit	\$50	\$75	\$150
Technical Component	New or Established Patient: Hospital Emergency Department Visit	\$100	\$150	\$200
	Total Patient Payment	\$150	\$225	\$350

**\*\*Does not include Laboratory Tests and X-ray Procedures**

**D. Mobile Clinic Services\*\*\***

Evaluation & Management Code	Description of Service	LEVEL 1	LEVEL 2	LEVEL 3
		0-200% of FPL(1)	201%- 500% of FPL	501%-700% of FPL
99201-99215	New or Established Patient: Office or Other Outpatient Services	\$23	\$45	\$85
4 -6 Hours Lease: \$800	Other Non County Requested Site Service without Physician Assistant	n/a	n/a	n/a
4 - 6 Hours Lease: \$1,200	Other Non County Requested Site Service with Physician Assistant	n/a	n/a	n/a

**\*\*\*Includes Clinic Room Charges and Professional Fee but does not include Laboratory Tests and X-ray Procedures**

**E. Surgical Services: Payments per Procedure (excludes OB- Table F below)**  
**Includes: Pre-op Laboratory Tests, Chest X-ray. Other required tests- see Ancillary Services Table**

Type of Patient	Type of Service	LEVEL 1	LEVEL 2	LEVEL 3
		0-200% of FPL(l)	201%- 500% of FPL	501%-700% of FPL
<b>Inpatient</b>	Surgery- Professional Fee, includes follow up visit	a) \$500 or b) 15% of charges (whichever payment is lesser)	a) \$750 or b) 20% of charges (whichever payment is lesser)	a) \$1,000 or b) 25% of charges (whichever payment is lesser)
	Anesthesiology- Professional Fee	a) \$500 or b) 15% of charges (whichever payment is lesser)	a) \$750 or b) 20% of charges (whichever payment is lesser)	a) \$1,000 or b) 25% of charges (whichever payment is lesser)
	Hospital Component	a) ICU: \$3,500 per day b) Med/Surg: \$1,500 per day	a) ICU: \$3,700 per day b) Med/Surg: \$1,800 per day	a) ICU: \$4,000 per day b) Med/Surg: \$2,000 per day
	Implantable & Inpatient Chemo	@ cost	@ cost + 5%	@ cost + 10%
<b>Outpatient/ Same Day Surgery</b>	Surgery- Professional Fee, includes follow up visit	a) \$500 or b) 15% of charges (whichever payment is lesser)	a) \$750 or b) 20% of charges (whichever payment is lesser)	a) \$1,000 or b) 25% of charges (whichever payment is lesser)
	Anesthesiology- Professional Fee	a) \$500 or b) 15% of charges (whichever payment is lesser)	a) \$750 or b) 20% of charges (whichever payment is lesser)	a) \$1,000 or b) 25% of charges (whichever payment is lesser)
	Hospital Component	a) \$350 or b) 15% of charges (whichever payment is lesser)	a) 400 or b) 20% of charges (whichever payment is lesser)	a) \$450 or b) 25% of charges (whichever payment is lesser)
	Implantable & Inpatient Chemo	@ cost	@ cost + 5%	@ cost + 10%

**F. Hospital Stay - Per Day Rate; excludes Implantable, Inpatient Chemo, Dialysis, Nuclear Studies, MRI, CT, IR & Other Purchased Services sent out to other facilities.**

Acuity Level	LEVEL 1	LEVEL 2	LEVEL 3
	0-200% of FPL(l)	201%- 500% of FPL	501%-700% of FPL
Medical/Surgical	\$1,500	\$1,800	\$2,000
Intensive Care Unit	\$3,500	\$3,700	\$4,000
NICU	N/A - will be referred to Medi-Cal and/ or CCS		

**G. Obstetrics (OB)**

**LEVEL 1**

**LEVEL 2**

**LEVEL 3**

Type of OB Delivery	Description of Service	Type of Service	0-200% of FPL(I)	201%- 500% of FPL	501%-700% of FPL
<b>Vaginal</b>	Professional Fee	Anesthesiology (incl. epidural)	\$400	\$450	\$450
		OB/Gyn Surgeon	\$400	\$450	\$550
	Clinic Visits	20 Antepartum Visits 4 Postpartum Visits	\$200	\$350	\$450
	Inpatient Stay	Two Days	\$2,200	\$2,500	\$2,700
		Each Additional Day	\$1,200	\$1,250	\$1,300
	Nursery	Two Days	\$200	\$250	\$350
		<b>Total Patient Payment- Two Days Stay</b>	<b>\$3,400</b>	<b>\$4,000</b>	<b>\$4,500</b>
<b>C-Section</b>	Professional Fee	Anesthesiology	\$550	\$550	\$550
		OB/Gyn Surgeon	\$800	\$875	\$975
	Clinic Visits	20 Antepartum Visits 4 Postpartum Visits	\$350	\$450	\$550
	Inpatient Stay	Three Days	\$3,600	\$3,750	\$3,900
		Each Additional Day	\$1,200	\$1,250	\$1,300
	Nursery	Three Days	\$300	\$375	\$525
		<b>Total Patient Payment- Three Days Stay</b>	<b>\$5,600</b>	<b>\$6,000</b>	<b>\$6,500</b>
<b>Circumcision BABY BOY</b>	Professional Fee & Room Charge	Circumcision INFANTS ONLY	\$180	\$180	\$180

**Ancillary Services**

**LEVEL 1**

**LEVEL 2**

**LEVEL 3**

**H.**

Department	Type of Services	0-200% of FPL(I)	201%-500% of FPL	501%-700% of FPL	
Radiology (per series)	X-ray	\$65	\$90	\$120	
	Mammogram:	Screening	\$65	\$65	\$65
		Diagnostic	\$65	\$65	\$65
	Interventional Radiology	\$800	\$875	\$975	
	CT Scan	\$250	\$300	\$350	
	Dexa Scan	\$35	\$45	\$60	
	Nuclear Medicine	\$250	\$300	\$350	
	Ultra Sound- Internal Organ	\$150	\$200	\$250	
	Ultra Sound – Fetal	\$100	\$125	\$150	
MRI Service	\$250	\$300	\$350		
Laboratory (per test)	Inhouse Test	\$10	\$15	\$20	
	Lab Send Out	Cost	Cost + 5%	Cost + 10%	
Rehabilitation (per visit)	Physical Therapy	\$60	\$75	\$90	
	Occupational Therapy	\$60	\$75	\$90	
Infusion	Infusion Chemo Therapy- Administration	\$30	\$45	\$60	

Infusion Chemo Drug	Cost	Cost + 5%	Cost + 10%
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Department	Type of Services	0-200% of FPL(I)	201%-500% of FPL	501%-700% of FPL
Unlisted CPT codes	Professional	5% of charges	15% of charges	25% of charges
Unlisted Services	Technical component	5% of charges	15% of charges	25% of charges

**(1)CHARITY CARE:** Patients that can show income of 100% FPL or less may qualify. The patient's financial statement will be reviewed with a complete credit report to validate the needs of the patient. Charity care is not offered for elective, cosmetic, or experimental services

**HOMELESS PATIENTS:** Homeless may qualify for charity care with the validation of income, credit reporting and/or living arrangements.

**ACE:** Patients who qualify for and are accepted into the ACE program shall be charged co-payments in accordance with Ventura County Health Care Agency Contract No. 07-1448-VE56 Amendment A-02.

Refer to the Table below for Federal Poverty Level determination

### 2009 Federal Poverty Level Guidelines

Persons in family	Poverty guideline	LEVEL 1	LEVEL 2	LEVEL 3
		200% of FPL	500% of FPL	700% of FPL
1	\$10,830	\$21,660	\$54,150	\$75,810
2	14,570	\$29,140	\$72,850	\$101,990
3	18,310	\$36,620	\$91,550	\$128,170
4	22,050	\$44,100	\$110,250	\$154,350
5	25,790	\$51,580	\$128,950	\$180,530
6	29,530	\$59,060	\$147,650	\$206,710
7	33,270	\$66,540	\$166,350	\$232,890
8	37,010	\$74,020	\$185,050	\$259,070

For families with more than 8 persons, add \$3,740 for each additional person.