



# Sliding Fee Scale Program (Gynecology)

Effective Feb 1, 2024

Sliding Fee Discount Schedule for Eligible Patients  
Based on Household Income and Dependents

Mercy Health Services, Inc. exists to provide healthcare services to everyone. We provide a sliding fee scale program for those persons meeting federal poverty guidelines. Effective February 1, 2024 Mercy sliding fees were adjusted to meet the 2024 Federal Poverty Guidelines. Due to this, the fee for your category may have changed. A front desk associate will provide you with a copy of our sliding fee scale program so you are aware of the fees you may be charged at time of service.

		SLIDING FEE QUALIFIED DISCOUNT RATES			
Patient COST:	Nominal	B	C	D	E
Consultation	\$90	50%	55%	60%	65%
Level 1 Procedures	\$100	50%	55%	60%	65%
Level 2 Procedures	\$175	50%	55%	60%	65%
Level 3 Procedures	\$450	50%	55%	60%	65%
Level 4 Procedures	\$800	50%	55%	60%	65%
Level 5 Procedures	\$1,300	50%	55%	60%	65%
	Nominal Fee	B	C	D	E
% of FPL	<= 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%
1	\$ 15,060	\$15,061-\$18,825	\$18,826-\$22,590	\$22,591-\$26,355	\$26,356-\$30,010
2	\$ 20,440	\$20,441-\$25,550	\$25,551-\$30,660	\$30,661-\$35,770	\$35,771-\$40,880
3	\$ 25,820	\$25,821-\$32,275	\$32,276-\$38,730	\$38,731-\$45,185	\$45,186-\$51,640
4	\$ 31,200	\$31,201-\$39,000	\$39,001-\$46,800	\$46,801-\$54,600	\$54,601-\$62,400
5	\$ 36,580	\$36,581-\$45,725	\$45,726-\$54,870	\$54,871-\$64,015	\$64,016-\$73,160
6	\$ 41,960	\$41,961-\$52,450	\$52,451-\$62,940	\$62,941-\$73,430	\$73,431-\$83,920
7	\$ 47,340	\$47,341-\$59,175	\$59,176-\$71,010	\$71,011-\$82,845	\$82,846-\$94,680
8*	\$ 52,720	\$52,721-\$65,900	\$65,901-\$79,070	\$79,071-\$92,260	\$92,261-\$105,440

\*For family units with more than 8 members, add \$5,380 for each additional member.

**\*\*\*OUTSIDE LABS WILL BE BILLED SEPARATELY FROM THE OUTSIDE LAB \*\*\***

**\*\*\*SHINGLES ARE NOT INCLUDED IN SLIDING FEE, THE COST IS \$175.00 \*\*\***

**\*\*\*POST OP VISITS ARE NOT INCLUDED IN SLIDING FEE, THE COST IS \$50.00 \*\*\***

**\*\*\*ALL IUD AND NEXPLANON WILL BE COVERED BY A STEP AHEAD AT NO CHARGE TO THE PATIENT \*\*\***