

## **Pricing for Northeastern Oklahoma Community Health Centers, Inc.'s (NeoHealth's) most common health care services**

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

### **Explanation of the Sliding Fee Scale**

As a Federally Qualified Health Center, NeoHealth may provide services to uninsured and underinsured individuals on a sliding basis. The charts listed below demonstrate the various fee schedules NeoHealth 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 NeoHealth'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 prior two pay stubs
- Proof of any type of government assistance (e.g., food stamp award letter, 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.

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 918-772-3390***



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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)	\$ 200.00
99214	Office or other outpatient visit for the evaluation and management of an established patient (30 - 39 Minutes)	\$ 260.00
81002	Urinalysis	\$ 6.00
99212	Office or other outpatient visit for the evaluation and management of an established patient (10-19 Minutes)	\$ 150.00
90460	Immunization Administration, Child	\$ 19.00
83036	Hemoglobin A1C	\$ 10.00
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 - 44 Minutes)	\$ 275.00
36415	Venipuncture	\$ 6.00
96372	Therapeutic Injection	\$ 20.00
87880	Strep Test	\$ 19.00
80306	Urine Drug Screen	\$ 25.00
81025	Urine Pregnancy Test	\$ 20.00
99392	Periodic comprehensive medicine reevaluation and management of early childhood (age 1 through 4 years)	\$ 235.00
99391	Periodic comprehensive medicine reevaluation and management of an infant aged younger than 1 year	\$ 225.00
99204	Office or other outpatient visit for the evaluation and management of a new patient (40 - 54 Minutes)	\$ 400.00
90686	Flu Vaccine	\$ 20.00
S0622	School Physical	\$ 25.00
90834	Behavioral Health Visit	\$ 178.00
85018	Hemoglobin	\$ 13.00
90471	Immunization Administration, Adult	\$ 20.00



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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.

### Primary Care (Family Practice, Pediatrics, Behavioral Health)

Poverty Level:	A	B	C	D	E	F
% Federal Poverty	<=100%	101-125%	126-150%	151-175%	176-200%	>=201%
Amount:	\$20	\$30	\$40	\$50	\$60	Full Charge
Family Size = 1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	\$25,761
Family Size = 2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840	\$34,841
Family Size = 3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920	\$43,921
Family Size = 4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000	\$53,001
Family Size = 5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080	\$62,081
Family Size = 6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160	\$71,161
Family Size = 7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240	\$80,241
Family Size = 8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320	\$89,321
Amount to add For Each Family Member Beyond 8:	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080	\$9,081

### Specialty (OB, GYN, Addiction, ENT)

Poverty Level:	A	B	C	D	E	F
% Federal Poverty	<=100%	101-125%	126-150%	151-175%	176-200%	>=201%
Amount:	\$30	\$40	\$50	\$60	\$70	Full Charge
Family Size = 1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	\$25,761
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