

GROSS MONTHLY INCREMENTS - JULY 2009

POVERTY LEVEL				
Family Size		150%	150%-175%	175%-200%
1		\$1,353	\$1,354-\$1,759	\$1,580-\$1,805
2		\$1,821	\$1,822-\$2,124	\$2,125-\$2,428
3		\$2,288	\$2,289-\$2,670	\$2,671-\$3,052
4		\$2,756	\$2,760-\$3,215	\$3,216-\$3,675
5		\$3,223	\$3,224-\$3,761	\$3,762-\$4,298
6		\$3,691	\$4,159-\$4,851	\$4,307-\$4,922
7		\$4,158	\$4,627-\$5,397	\$4,852-\$5,545
8		\$4,626	\$4,627-\$5,397	\$5,398-\$6,160
For each additional family member add:		\$467	\$545	\$623

PATIENT FEES BASED ON INCOME LEVEL				
	CPT Code	0%	20%	40%
Patient Referral/Enrollment	N/A	0	N/A	N/A
Repeat Pap or CBE	99211	0	\$3.35	\$6.70
Annual Breast or Cervical	99212	0	\$6.82	\$13.64
Annual Routine Screening	99213, 99214	0	\$11.40	\$22.81
Initial Screening (10 min)	99201	0	\$6.76	\$13.52
Initial Screening (20 min)	99202	0	\$11.79	\$23.57
Initial Screening (30 min)	99203	0	\$17.23	\$34.45
Initial Screening (>30 min)	99204, 99205	0	\$17.23	\$34.45