

CCACC 2021 Sliding Scale Fee Schedule

Medical Services

Note: We take insurances. Please contact our office 240-393-5950 to verify benefit.

	A. Montgomery Care	B. Discounted Rate without Documents	C. Self-Pay
Visit Fee	\$25 (encouraged donation)	\$ 80	\$120
Eligibility	<ol style="list-style-type: none">1. Proof of Residency2. Income eligibility3. Uninsured4. Not qualified for insurance	Patients At or below 200 % of FPG, not eligible for not willing to apply for Montgomery Care program	Not in the categories of A & B.

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Behavioral Health Services

Categories	A. Montgomery Care	B. Discounted Rate without Documents	C. Insurance Patients	D. Self-Pay
Eligibility	See eligibility guideline	Patients At or below 200 % of FPG, not eligible for not willing to apply for Montgomery Care program	<ul style="list-style-type: none"> Initial sessions refer to B Continued service determined by insurance policy 	All self-pay patients
Social Worker (LCSW-C)	\$25 (Encouraged donation)	\$ 80 (Limited 3 sessions)	Co-insurance pay by insurance	\$120
Psychologist (PsyD)	\$25	N/A		N/A
Psychiatrist (Psy MD)	\$25 *	\$80 (Limit 3 sessions)		160*
Other Clinicians	N/A	N/A		N/A

Note: Psychiatrist visit needs to be first screened by social worker.

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Chinese Medication and Acupuncture

Categories	A. Montgomery Care	B. No Pain Initiative Participants		C. Insurance Patients	D. Self-Pay
Eligibility	See eligibility guideline	Medicaid Patient Limited 4 sessions	Initial sessions referred B Continued service go by insurance policy	<ul style="list-style-type: none"> Initial sessions refer to B Continued service determined by insurance policy 	All other patients
Consultation	\$25	\$10		Go by insurance policy	\$100
Acupuncture Sessions	\$25	\$10		Go by insurance policy	\$80

CCACC Health

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Immunizations

✚ Available for adults over the age of 19

Vaccine Type	Montgomery Care	Non Montgomery Care (Below 400% FPL)	Self-Pay
Flu-	Free	\$30	\$45
Hepatitis B -	Free	\$20 (3 dose series) \$50 (2 dose)	\$85
Pneumovax 23	Free	\$50	\$125
Prevnar 13	Free	\$50	\$220
Tadp (Tetanus, diphtheria, and pertussis)	Free	\$50	\$70
Spirometry	\$15	\$30	\$50
Bone US	\$15	\$30	\$50
Urine Dipstick	\$10	\$15	\$20
Strep	\$20	\$20	\$25
Urinary tract & Bladder infection	\$16	\$25	\$30
Hemoglobin A1C	\$9	\$15	\$20
All labs and tests are available in conjunction with a standard service \$80			

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In-House Screening Tests

✚ Available for adults over the age of 19

Screening Type	Montgomery Care	✚ Non Montgomery Care (Below 400% FPL)	✚ Self-Pay
Hepatitis B -	Free	Free	Free
Hepatitis C Rapid Screening	Free	Free	Free
Spirometry	\$15	✚ \$30	✚ \$50
Bone US	\$15	✚ \$30	✚ \$50
Urine Dipstick	\$10	✚ \$15	✚ \$20
Strep	\$20	✚ \$20	✚ \$25
Urinary tract & Bladder infection	\$16	✚ \$25	✚ \$30
Hemoglobin A1C	\$9	✚ \$15	✚ \$20
COVID-19 Antigen	Free	✚ Free	✚ Free
COVID-19 Rapid Test	Free	✚ Free	✚ Free
✚ All labs and tests are available in conjunction with a standard medical service fee \$ 80			

Montgomery Care Eligibility Guideline

Eligibility determination documentation for the current year and one year prior (if applicable) must be documented in the client electronic health record.

1. Applicants must show at least one approved proof of residency in Montgomery County. Copies of proof of residency must be maintained in the client record.

- Mortgage, Lease or Property Tax Bill
- Current utility bill with complete name and address (cell phone bill not accepted)
- School records
- Driver's license with current address
- Maryland State ID Card
- Signed Federal Tax Return (Current Year only)
- Written statement on letterhead from home-visiting provider or homeless shelter
- Official County or State correspondence on letterhead
- Letter from landlord/third party host with host's proof of residency
- If none of the above is available, complete Montgomery Cares Missing Documentation Form. The Missing Documentation Form is valid for two visits only.

2. Applicants should show proof of age. There are no mandatory documents for the proof of age requirement. Client's declared age is acceptable proof, although a picture ID is preferred. Driver's license, birth certificates, passports are not required documentation.

3. Applicants must indicate if s/he has any form of health insurance. Clinics need to use Electronic Verification System (EVS) to identify patients who may be enrolled in

Annual Income Threshold by Sliding Fee discount Pay Class and Percentage Poverty

Poverty Guidelines, all states (except Alaska and Hawaii)

2020 Annual

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	6,380	\$12,760	15,950	16,588	16,971	17,226	17,609	19,140	22,330	23,606	25,520	31,900	38,280	51,040
2	8,620	\$17,240	21,550	22,412	22,929	23,274	23,791	25,860	30,170	31,894	34,480	43,100	51,720	68,960
3	10,860	\$21,720	27,150	28,236	28,888	29,322	29,974	32,580	38,010	40,182	43,440	54,300	65,160	86,880
4	13,100	\$26,200	32,750	34,060	34,846	35,370	36,156	39,300	45,850	48,470	52,400	65,500	78,600	#####
5	15,340	\$30,680	38,350	39,884	40,804	41,418	42,338	46,020	53,690	56,758	61,360	76,700	92,040	#####
6	17,580	\$35,160	43,950	45,708	46,763	47,466	48,521	52,740	61,530	65,046	70,320	87,900	105,480	#####
7	19,820	\$39,640	49,550	51,532	52,721	53,514	54,703	59,460	69,370	73,334	79,280	99,100	118,920	#####
8	22,060	\$44,120	55,150	57,356	58,680	59,562	60,886	66,180	77,210	81,622	88,240	#####	132,360	#####
9	24,300	\$48,600	60,750	63,180	64,638	65,610	67,068	72,900	85,050	89,910	97,200	#####	145,800	#####
10	26,540	\$53,080	66,350	69,004	70,596	71,658	73,250	79,620	92,890	98,198	106,160	#####	159,240	#####