

# Sliding Scale

For patients who are not using insurance or a state-funded program like Medi-Cal or Family PACT, or commercial insurance, PPOSBC offers a sliding scale fee based on household size & income. This means, you pay what you can afford. The bottom line: no one will be turned away from receiving care.

## Step 1

Use the chart below to determine where you fall on the sliding scale based on your family size & monthly household income. In the left column, find the number of people that live in the household with you, including adults and children. Then move across the chart to find the correct total monthly household income. This should include income earned by a spouse or partner with whom you live. Round to the nearest dollar. Note which group this puts you in and then move to the next chart below.

**MONTHLY INCOME PER FAMILY SIZE**

# of People in Household	Group A	Group B	Group C	Group D	Group E
1	\$0 - \$1,255	\$1,256 - \$1,883	\$1,884 - \$2,510	\$2,511 - \$3,138	\$3,139+
2	\$0 - \$1,703	\$1,704 - \$2,555	\$2,556 - \$3,407	\$3,408 - \$4,258	\$4,259+
3	\$0 - \$2,152	\$2,153 - \$3,228	\$3,229 - \$4,303	\$4,304 - \$5,379	\$5,380+
4	\$0 - \$2,600	\$2,601 - \$3,900	\$3,901 - \$5,200	\$5,201 - \$6,500	\$6,501+
5	\$0 - \$3,048	\$3,049 - \$4,573	\$4,574 - \$6,097	\$5,098 - \$7,621	\$7,622+
6	\$0 - \$3,497	\$3,498 - \$5,245	\$5,246 - \$6,993	\$6,994 - \$8,742	\$8,743+
7	\$0 - \$3,945	\$3,946 - \$5,918	\$5,919 - \$7,890	\$7,891 - \$9,863	\$9,864+
8	\$0 - \$4,393	\$4,394 - \$6,590	\$6,591 - \$8,787	\$8,788 - \$10,983	\$10,984+

*For family units with more than 8 members, add \$448.33 for each additional member's monthly income.*

## Step 2

Now that you know which group you're in, select the service from the left side of the chart and match the price to your group. This is a list of our most popular services and are only for patients not using insurance or state-funded programs to pay for services. Don't see the service you're looking for, or have a question? Please call (714) 922-4100 in Orange County or (909) 890-5511 in San Bernardino County.

**Remember, no one will be turned away from receiving care due to inability to pay for services.**

### PPOSBC BUNDLED SERVICES CASH PRICES

Service	Group A	Group B	Group C	Group D	Group E
Medication Abortion (Abortion Pill)	\$0	\$225	\$337	\$449	\$562
In-Center Abortion (1st trimester)	\$0	\$343	\$515	\$686	\$858
In-Center Abortion (2nd trimester)	\$0	\$486	\$729	\$972	\$1,214
Initial Abortion Visit Change to No Abortion	\$0	\$168	\$252	\$337	\$421
Vasectomy w/ Follow Up	\$0	\$246	\$370	\$493	\$616
IUD Insertion w/ Follow Up	\$0	\$306	\$460	\$613	\$766
IUD Insertion w/ Follow Up (Liletta only)	\$0	\$152	\$228	\$304	\$380
IUD Removal	\$0	\$103	\$155	\$206	\$258
Same-Day IUD Insertion/ Removal w/ Follow Up	\$0	\$391	\$587	\$783	\$979
Same-Day IUD Insertion/ Removal w/ Follow Up (Liletta only)	\$0	\$237	\$355	\$474	\$592
Nexplanon Insertion	\$0	\$490	\$734	\$979	\$1,224

**PPOSBC BUNDLED SERVICES CASH PRICES CONT.**

Service	Group A	Group B	Group C	Group D	Group E
Nexplanon Removal	\$0	\$95	\$143	\$191	\$239
Same-Day Nexplanon Insertion/Removal	\$0	\$567	\$851	\$1,134	\$1,418
Emergency Contraception	\$0	\$99	\$149	\$198	\$248
Depo Birth Control Shot (Initial Shot)	\$0	\$106	\$160	\$213	\$266
Depo Birth Control Shot (Follow Up Shot)	\$0	\$45	\$67	\$90	\$112
Gardasil HPV Vaccine (Initial Shot)	\$0	\$303	\$455	\$607	\$759
Gardasil HPV Vaccine (Follow Up Shot)	\$0	\$240	\$360	\$480	\$600
Flu Vaccine	\$ —	\$ —	\$ —	\$ —	\$ —
STI Treatment w/ Medication	\$0	\$58	\$86	\$115	\$144
Colposcopy/LEEP	\$0	\$113	\$169	\$225	\$282
Pregnancy Access Bridge/ Early Pregnancy Loss Appt.	\$0	\$212	\$317	\$423	\$529
Well Person Visit/Infection Check	\$0	\$119	\$179	\$239	\$299
Office Visits (initial contraceptive visit, pregnancy test, STI, sterilization counseling/consult)	\$0	\$91	\$137	\$183	\$229

## ADD ON SERVICES

\* These are added prices if you decide to include something in addition to the services you were scheduled for.

Service	Groups A - E
Birth Control Pills (any)	\$29
Caya Diaphragm	\$95
Cefixime STI Treatment (2 pills)	\$40
Condom (Internal/External)	\$0
Dental Dam	\$1
Depo Birth Control Shot	\$48
Emergency Contraception (OTC)	\$25
Emergency Contraception	\$19
Foam Spermicide Contraception	\$49
Gardasil HPV Vaccine	\$570
IUD (Skyla, Mirena, Paragard)	\$577
IUD (Liletta)	\$190
Lubricant Gel (6 units)	\$3
Methotrexate (Ectopic Pregnancy Treatment)	\$95

Service	Groups A - E
Nexplanon (Birth Control Implant)	\$1,036
NuvaRing Birth Control (per ring)	\$10
PAP Test	\$50
Pessary	\$60
Sedation (Any procedure other than ICA)	\$175
Today Birth Control Sponge	\$10
TWIRLA Birth Control Patch (3 patches)	\$129

All fees are subject to change without written notice. Please call to verify fees.

Fees quoted are based on a discounted cash fee for cash patients not having insurance.

Costs include lab fees, but not medication.

Does not include all services or all add-on prices. For more information, call [\(714\) 922-4100](tel:7149224100) or [\(909\) 890-5511](tel:9098905511).