ESPERANZA health centers

INPATIENT SLIDING FEE SCALE
2024

Poverty level	<100%	101%-133%	134%-166%	167%-200%
Inpatient E&M	$10	$15	$20	$25
Delivery	$75	$90	$110	$130
Care of Miscarriage	$30	$40	$50	$60
Hysteroscopy	$30	$40	$50	$60
Hysterectomy	$100	$115	$125	$145
Salpingectomy	$100	$115	$125	$145
Incision & Drainage	$20	$25	$30	$35

FAMILY SIZE				
1	$ -	$ 15,061	$ 20,031	$ 25,001
	$ 15,060	$ 20,030	$ 25,000	$ 30,120
2	$ -	$ 20,441	$ 27,186	$ 33,931
	$ 20,440	$ 27,185	$ 33,930	$ 40,880
3	$ -	$ 25,821	$ 34,342	$ 42,862
	$ 25,820	$ 34,341	$ 42,861	$ 51,640
4	$ -	$ 31,201	$ 41,497	$ 51,793
	$ 31,200	$ 41,496	$ 51,792	$ 62,400
5	$ -	$ 36,581	$ 48,652	$ 60,724
	$ 36,580	$ 48,651	$ 60,723	$ 73,160
6	$ -	$ 41,961	$ 55,808	$ 69,655
	$ 41,960	$ 55,807	$ 69,654	$ 83,920
7	$ -	$ 47,341	$ 62,963	$ 78,585
	$ 47,340	$ 62,962	$ 78,584	$ 94,680
8	$ -	$ 52,721	$ 70,119	$ 87,516
	$ 52,720	$ 70,118	$ 87,515	$ 105,440

* Add $5,380 for each additional family member.

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