

Sun River Health-Urgent Care Fee Schedule

POVERTY LEVEL (FED. REGISTER 01/12/2022)

FAMILY SIZE - MIEMBROS EN LA FAMILIA	Under 100%		101% to 133%		134% to 167%		168% to 200%		201% to 250%		251 to 1000%	
	A		B		C		D		E		F	
1	\$ 0 to	\$ 13,590	to	\$ 18,075	to	\$ 22,695	to	\$ 27,180	to	\$ 33,975	above	\$ 33,976
2	\$ 0 to	\$ 18,310	to	\$ 24,352	to	\$ 30,578	to	\$ 36,620	to	\$ 45,775	above	\$ 45,776
3	\$ 0 to	\$ 23,030	to	\$ 30,630	to	\$ 38,460	to	\$ 46,060	to	\$ 57,575	above	\$ 57,576
4	\$ 0 to	\$ 27,750	to	\$ 36,908	to	\$ 46,343	to	\$ 55,500	to	\$ 69,375	above	\$ 69,376
5	\$ 0 to	\$ 32,470	to	\$ 43,185	to	\$ 54,225	to	\$ 64,940	to	\$ 81,175	above	\$ 81,176
6	\$ 0 to	\$ 37,190	to	\$ 49,463	to	\$ 62,107	to	\$ 74,380	to	\$ 92,975	above	\$ 92,976
7	\$ 0 to	\$ 41,910	to	\$ 55,740	to	\$ 69,990	to	\$ 83,820	to	\$ 104,775	above	\$ 104,776
8	\$ 0 to	\$ 46,630	to	\$ 62,018	to	\$ 77,872	to	\$ 93,260	to	\$ 116,575	above	\$ 116,576

For families/households with more than 8 persons, add \$4,720 for each additional person.

CPT Code	Description	Standard Fee	Nominal Fee	101% to 133%	134% to 167%	168% to 200%	201% to 250%	251 to 1000%	Supply Fee
Follow-up/Sick Visits									
New Patient									
99201	Problem focused, straightforward 10 min	\$ 215.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 215.00	\$ 215.00	
99202	Expanded problem, straightforward 20 min	\$ 260.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 260.00	\$ 260.00	
99203	Detailed, low complexity 30 min	\$ 310.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 310.00	\$ 310.00	
99204	Comprehensive, moderate complexity 45 min	\$ 390.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 390.00	\$ 390.00	
99205	Comprehensive, high complexity 60 min	\$ 450.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 450.00	\$ 450.00	
Established Patient									
99211	Brief Visit 5 min	\$ 180.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 180.00	\$ 180.00	
99212	Problem focused, straightforward 10 min	\$ 215.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 215.00	\$ 215.00	
99213	Expanded problem, low complexity 15 min	\$ 255.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 255.00	\$ 255.00	
99214	Detailed, moderate complexity 25 min	\$ 305.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 305.00	\$ 305.00	
99215	Comprehensive, high complexity 40 min	\$ 360.00	\$ 15.00	\$ 25.00	\$ 30.00	\$ 35.00	\$ 360.00	\$ 360.00	

THE FEE FOR PATIENTS WHO MUST PAY ON THE SCALE WILL BE DETERMINED BY THE PATIENT BENEFITS COORDINATOR AFTER A CAREFUL REVIEW OF THE PATIENT'S ABILITY TO PAY SUPPORTED BY APPROPRIATE DOCUMENTATION OF INCOME.

There may be additional fees and charges for lab / supply costs in addition to your nominal fee charge. Please refer to the Lab/Supply Fee Schedule. If you need additional assistance in paying for services, please ask the staff about Care Solutions