



Good Faith Estimate of How Much You Will Pay – Family Planning Services

You or someone in your family either scheduled an appointment at *Westside Family Healthcare* or requested a Good Faith Estimate of how much to expect to pay per appointment for Family Planning care.

How much you will pay for your appointment will depend on your family income, number of family members, and how many visits are required to complete your care. When you visit Westside Family Healthcare, our staff will help you determine which Sliding Fee Scale (SFS) payment group you belong to. This is a Good Faith Estimate of what you can expect your costs to be.

Westside does not know the diagnosis codes for your visit yet. We can estimate you would be charged the amount listed under your SFS payment group for each service, in Table 1. To determine your SFS payment group, you need to bring the items listed in Table 3 to your appointment.

Table 1.

Family Planning Service	Per Visit Charge by SFS Payment Group for Family Planning Services Only						
	A	B	C	D	E	F	G
Family Planning Visit (includes medications dispensed, except for Depo Provera and LARCs)	\$0	\$10	\$15	\$20	\$25	\$30	\$50 fee at visit plus balance
Depo Provera	\$0	\$10	\$15	\$20	\$25	\$30	\$40
LARC Fee – includes Nexplanon and IUDs except for Scale	\$0	\$25	\$30	\$35	\$40	\$45	SEE BELOW*
* LARC Insertion Fees for Title X Scale G patients:	Nexplanon \$399.00 * Liletta \$100.00 * Paraguard \$247.00 At removal appointment, visit fee only, no additional cost. (Updated 10/7/21)						

The next page has more about our SFS payment groups and the information you must bring to your appointment to determine which SFS payment group you belong to.

Important Notes: This Good Faith Estimate is based on our understanding of your needs as of today. While caring for you, our providers may recommend additional services that are not listed here. We do not have information about the cost of services or products that you may need to obtain outside of our facility. If you need assistance determining cost estimates for specialty care, our Healthcare Coordination Team is available to assist. Your actual charges may vary from this estimate. This estimate is not a contract and does not require you to get services from Westside. If your actual charges are more than \$400 above this estimate, you can initiate a provider-patient dispute resolution process. You can learn how to start this process at www.westsidehealth.org/gfe. Starting a dispute resolution process will not reduce the quality of health services you receive at Westside.

How Westside Family Healthcare Determines Your SFS Payment Group

A patient's SFS Payment Group is based on the number of people in their family and their total family income, using the table below.

Table 2.

Family Size	Family Planning Sliding Fee Scale (SFS) Payment Group						
	A	B	C	D	E	F	G
1	Income Below \$12,880	\$12,881 to \$16,100	\$16,101 to \$19,320	\$19,321 to \$22,540	\$22,541 to \$25,760	\$25,761 to \$32,200	Above 32,201
2	Income Below \$17,420	\$17,421 to \$21,775	\$21,776 to \$26,130	\$26,131 to \$30,485	\$30,486 to \$34,840	\$34,841 to \$43,550	Above \$43,551
3	Income Below \$21,960	\$21,961 to \$27,450	\$27,451 to \$32,940	\$32,941 to \$38,430	\$38,431 to \$43,920	\$43,921 to \$54,900	Above \$54,901
4	Income Below \$26,500	\$26,501 to \$33,125	\$33,126 to \$39,750	\$39,751 to \$46,375	\$46,376 to \$53,000	\$53,001 to \$66,250	Above \$66,251
5*	Income Below \$31,040	\$31,041 to \$38,800	\$38,801 to \$46,560	\$46,561 to \$54,320	\$54,321 to \$62,080	\$62,081 to \$77,600	Above \$77,601

*There are additional family size and income levels available.

If Westside has not already assigned you to a SFS Payment Group, or if your family income has recently changed, you must bring the proof of income documents in Table 3 for an entire month with you to your appointment.

Table 3.

Income Type	Proof of Income Required
Regular Employment	Paystubs or Payroll Reports
Self-Employment	Completed and Signed Tax Return
Unemployment Compensation	Benefits Letter from Unemployment Office
Social Security Payments	Benefits Letter from Social Security or bank statement reflecting SS payments
Retirement Payments	Benefits Letter or bank statement reflecting retirement payments
Alimony	Self-declared

If you forget to bring these documents to your appointment, you may be eligible for a temporary self-disclosed income SFS Payment Group or you may be assigned SFS Payment Group G until you provide proof of income.

Example: A patient comes in for a family planning care visit, has 4 people in his household, and their total income is counted as \$38,000. Using the Table 2 above, they are in SFS Payment Group "C". As the patient is in SFS Payment Group C, the charge for each family planning visit is \$15.00. If the same patient had a LARC insertion, the additional charge would be \$30.00 for a total of \$45.00 for the visit.