



## 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 your Sliding Fee Scale (SFS). 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 for each service, in Table 1. To determine your SFS, you need to bring the items listed in Table 3 to your appointment.

Table 1.

Family Planning Service	Per Visit Charge by SFS for Family Planning Services Only						
	A	B	C	D	E	F	G
Family Planning Visit (includes medications dispensed, except for Depo Provera)	\$0	\$10	\$15	\$20	\$25	\$30	\$50 fee at visit plus balance
Lab Fee – per day	\$15	\$20	\$25	\$30	\$35	\$40	Billed by Laborp
Depo Provera	\$0	\$10	\$15	\$20	\$25	\$30	\$40

***The next page has more about our SFS and the information you must bring to your appointment to determine your SFS.***

**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](http://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

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

Table 2.

Family Size	Sliding Fee Scale (SFS)						
	A	B	C	D	E	F	G
1	Income Below \$15,060	\$15,061 to \$18,825	\$18,826 to \$22,590	\$22,591 to \$26,355	\$26,356 to \$30,120	\$30,121 to \$37,650	Above \$37,651
2	Income Below \$20,440	\$20,441 to \$25,550	\$25,551 to \$30,660	\$30,661 to \$35,770	\$35,771 to \$40,880	\$40,881 to \$51,100	Above \$51,101
3	Income Below \$25,820	\$25,821 to \$32,275	\$32,276 to \$38,730	\$38,731 to \$45,185	\$45,186 to \$51,640	\$51,641 to \$64,550	Above \$64,551
4	Income Below \$31,200	\$31,201 to \$39,000	\$39,001 to \$46,800	\$46,801 to \$54,600	\$54,601 to \$62,400	\$62,401 to \$78,000	Above \$78,001
5*	Income Below \$36,580	\$36,581 to \$45,725	\$45,726 to \$54,870	\$54,871 to \$64,015	\$64,016 to \$73,160	\$73,161 to \$91,450	Above \$91,451

\*There are additional family size and income levels available.

If Westside has not already assigned your SFS, 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 or you may be assigned SFS 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 B. As the patient is in SFS B, the charge for each family planning visit is \$10.00.