



**Self-pay OB Package Fee Codes Based on Household Income and Size Effective  
April 1, 2025**

Sliding Fee Scale					
	G1 Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
Prenatal and postnatal provider visits (Including lab)	\$700	\$900	\$1,100	\$1,300	\$2,100
NSVD	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800
C-Section	\$1,200	\$1,400	\$1,600	\$1,800	\$2,000

Package fee includes all prenatal care services done within the Charles B. Wang Community Health Center. Patients are provided services regardless of their ability to pay.