CHARLES B. WANG
COMMUNITY HEALTH CENTER

Charles B. Wang Community Health Center, Inc.

General Fee Codes Based on Household Income and Size

Effective April 1, 2026

Family Size		G1 Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
Federal Poverty Level (FPL)		100% or less	>100%	>133%	>167%	> 200%
Family Size	Income					
1	Annual	$0 - $15,960	$15,961 - $21,227	$21,228 - $26,653	$26,654 - $31,920	> $31,920
2	Annual	$0 - $21,640	$21,641 - $28,781	$28,782 - $36,139	$36,140 - $43,280	> $43,280
3	Annual	$0 - $27,320	$27,321 - $36,336	$36,337 - $45,624	$45,625 - $54,640	> $54,640
4	Annual	$0 - $33,000	$33,001 - $43,890	$43,891 - $55,110	$55,111 - $66,000	> $66,000
5	Annual	$0 - $38,680	$38,681 - $51,444	$51,445 - $64,596	$64,597 - $77,360	> $77,360
6	Annual	$0 - $44,360	$44,361 - $58,999	$59,000 - $74,081	$74,082 - $88,720	> $88,720
7	Annual	$0 - $50,040	$50,041 - $66,553	$66,554 - $83,567	$83,568 - $100,080	> $100,080
8	Annual	$0 - $55,720	$55,721 - $74,108	$74,109 - $93,052	$93,053 - $111,440	> $111,440
9	Annual	$0 - $61,400	$61,401 - $81,662	$81,663 - $102,538	$102,539 - $122,800	> $122,800
10	Annual	$0 - $67,080	$67,081 - $89,216	$89,217 - $112,024	$112,025 - $134,160	> $134,160

Sliding Fee Scale

	G1 Nominal	G2 Discount	G3 Discount	G4 Discount	G6 Full fee
Initial/APE - Provider fee only	**$20**	**$30**	**$35**	**$50**	**$300**
Subsequent Visit - Provider fee only	**$15**	**$25**	**$30**	**$45**	**$230**
Laboratory	$0	$10	$15	$20	$40
Electrocardiogram (EKG)	$0	$5	$10	$15	$40
X-Ray (Plain)	$10	$20	$25	$30	$50
Primary Eye Care Procedure	$0	$15	$30	$40	$100
Cystoscopy (Provider fee included)	$15	$100	$125	$145	$195
Colposcopy (Provider fee included)	$15	$170	$200	$300	$500
Leep (Provider fee included)	$15	$250	$300	$450	$800
Hysteroscopy, Surgical--58558 (Provider fee included)	$300	$500	$700	$900	$1,500
Hysteroscopy, Surgical--58562 (Provider fee included)	$100	$150	$200	$300	$500
Hysteroscopy, Diagnostic--58555 (Provider fee included)	$50	$100	$150	$200	$400
Liletta IUD	$50	$90	$120	$150	$225
Paraguard IUD	$100	$125	$150	$200	$400
Mirena IUD	$270	$330	$400	$500	$800
Kyleena IUD	$400	$500	$600	$700	$900
Nexplanon	$200	$370	$450	$550	$850
COVID-19 (Moderna)	$40	$50	$60	$80	$110
Hepatitis A Vaccine	$10	$20	$25	$35	$50
Hepatitis B Vaccine	$10	$25	$30	$40	$80
Heplisav-B	$30	$50	$70	$90	$130
HPV Vaccine	$40	$65	$95	$120	$350
Influenza Vaccine	$5	$8	$12	$15	$25
Influenza Vaccine (High Dose)	$10	$20	$30	$40	$60
IPV Vaccine	$5	$15	$20	$25	$45
Menveo	$40	$70	$100	$130	$160
Meningococcal Serogroup B (MenB)	$50	$80	$100	$120	$180
MMR Vaccine	$10	$25	$35	$50	$90
Pneumococcal (PCV20)	$90	$120	$150	$180	$250
Pneumococcal (PCV21)	$120	$160	$200	$240	$340
Respiratory syncytial virus (RSV)	$80	$120	$160	$200	$330
Shingrix	$100	$120	$140	$160	$220
Td/Tdap	$15	$20	$25	$30	$40
Varivax	$50	$80	$100	$120	$200
Prescription	50% of prescription cost and the Health Center will cover up to a maximum of $30 per prescription				

This fee schedule is a general guide for payments based on patient's family size and income.
Patients are provided services regardless of their ability to pay.

Board Approved: 2026.03.26