

**Baltimore Medical System  
Sliding Fee Schedule  
Based on 2023 Federal Poverty Level Guidelines  
Effective 02/01/2023**

**Federal Register Publication Date: January 12, 2023**

FAMILY SIZE	A	
	Poverty Level 0 to 100%	
	Nominal Charge	\$5.00
	From	To
1	0	14,580
2	0	19,720
3	0	24,860
4	0	30,000
5	0	35,140
6	0	40,280
7	0	45,420
8	0	50,560
For each additional person, add	\$5,140	

B	
Poverty Level 101-125%	
Discounted Fee	\$15.00
From	To
14,581	18,225
19,721	24,650
24,861	31,075
30,001	37,500
35,141	43,925
40,281	50,350
45,421	56,775
50,561	63,200
\$6,425	

C	
Poverty Level 126-150%	
Discounted Fee	\$25.00
From	To
18,226	21,870
24,651	29,580
31,076	37,290
37,501	45,000
43,926	52,710
50,351	60,420
56,776	68,130
63,201	75,840
\$7,710	

D	
Poverty Level 151-175%	
Discounted Fee	\$35.00
From	To
21,871	25,515
29,581	34,510
37,291	43,505
45,001	52,500
52,711	61,495
60,421	70,490
68,131	79,485
75,841	88,480
\$8,995	

FAMILY SIZE	E	
	Poverty Level 176- 200%	
	Discounted Fee	\$45.00
	From	To
1	25,516	29,160
2	34,511	39,440
3	43,506	49,720
4	52,501	60,000
5	61,496	70,280
6	70,491	80,560
7	79,486	90,840
8	88,481	101,120
For each additional person, add	\$10,280	

SELF PAY NO DISCOUNT	
Poverty Level Over 200%	
New PT-Deposit	\$85.00
Est PT-Deposit	\$65.00
From	To
29,161	N/A
39,441	N/A
49,721	N/A
60,001	N/A
70,281	N/A
80,561	N/A
90,841	N/A
101,121	N/A
\$10,280	

**SELF PAY NURSE FEE**

**\$69.00**

**SELF PAY**  
Over 200% Poverty Level

**FQHC MEDICARE  
COINSURANCE FEE:  
NEW PT \$50.73  
ESTABLISHED PT \$37.81  
ZERO FEE IF PT HAS  
SECONDARY**

FQHC Medicare Co-Insurance Fee  
Updated 1-1-23

Source: 175% of the CMS allowable for Locality 1230201. <https://www.cms.gov/apps/physician-fee-schedule>

**Title X Only  
Baltimore Medical System  
Sliding Fee Schedule**

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	Poverty Level 0 to 100%	
	Nominal Charge	\$0.00
	From	To
1	0	14,580
2	0	19,720
3	0	24,860
4	0	30,000
5	0	35,140
6	0	40,280
7	0	45,420
8	0	50,560
For each additional person, add	\$5,140	

B	
Poverty Level 101-125%	
Discounted Fee	\$15.00
From	To
14,581	18,225
19,721	24,650
24,861	31,075
30,001	37,500
35,141	43,925
40,281	50,350
45,421	56,775
50,561	63,200
\$6,425	

C	
Poverty Level 126-150%	
Discounted Fee	\$25.00
From	To
18,226	21,870
24,651	29,580
31,076	37,290
37,501	45,000
43,926	52,710
50,351	60,420
56,776	68,130
63,201	75,840
\$7,710	

D	
Poverty Level 151-175%	
Discounted Fee	\$35.00
From	To
21,871	25,515
29,581	34,510
37,291	43,505
45,001	52,500
52,711	61,495
60,421	70,490
68,131	79,485
75,841	88,480
\$8,995	

FAMILY SIZE	E	
	Poverty Level 176- 250%	
	Discounted Fee	\$45.00
	From	To
1	25,516	36,450
2	34,511	49,300
3	43,506	62,150
4	52,501	75,000
5	61,496	87,850
6	70,491	100,700
7	79,486	113,550
8	88,481	126,400
For each additional person, add	\$12,850	

SELF PAY NO DISCOUNT	
Poverty Level Over 250%	
New PT- Deposit	\$85.00
Est PT- Deposit	\$65.00
From	To
36,451	N/A
49,301	N/A
62,151	N/A
75,001	N/A
87,851	N/A
100,701	N/A
113,551	N/A
126,401	N/A
\$12,850	

Applicable Title X location:  
Highlandtown  
Belair Edison

Source: 175% of the CMS allowable for Locality 1230201. <https://www.cms.gov/apps/physician-fee-schedule>

**2023 Self Pay Rates for Deliveries: In-patient & Out-patient Services: E/M In/Outpatient Services**

Procedure Description	Procedure Code	SFS A 90%	SFS B 85%	SFS C 80%	SFS D 70%	SFS E 60%	Self-Pay 0% Full Charge Amount
		Pt Cost/Adj	Pt Cost/Adj	Pt Cost/Adj	Pt Cost/Adj	Pt Cost/Adj	
Vaginal Delivery Only	59409	\$186.00	\$279.00	\$372.00	\$558.00	\$744.00	\$1,862.00
		\$1,676.00	\$1,583.00	\$1,490.00	\$1,304.00	\$1,118.00	
Cesarean Delivery Only	59514	\$210.00	\$315.00	\$420.00	\$630.00	\$840.00	\$2,100.00
		\$1,890.00	\$1,785.00	\$1,680.00	\$1,470.00	\$1,260.00	
Vaginal Delivery after previous C-section	59612	\$210.00	\$315.00	\$421.00	\$631.00	\$842.00	\$2,105.00
		\$1,895.00	\$1,790.00	\$1,684.00	\$1,474.00	\$1,263.00	
Cesarean Delivery; following vaginal attempt; previous cesarean delivery	59620	\$214.00	\$321.00	\$428.00	\$642.00	\$856.00	\$2,142.00
		\$1,928.00	\$1,821.00	\$1,714.00	\$1,500.00	\$1,286.00	

**\*\*In-Patient E&M service will be under SFS Flat Schedules**

SFS A \$5.00	SFS B \$15.00	SFS C \$25.00	SFS D \$35.00	SFS E \$45.00	Selfpay Full Charge NP Deposit/\$85.00 EP Deposit/\$65.00
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**\*\* All in-patient and out-patient procedures/surgeries will be under SFS Percentage of Full Charge Amount:**

**Adjustment = Full charge \* SFS%**

**PT Cost = Full Charge - (Full Charge \* SFS%)**