



**No Insurance? No Problem.
¿No tiene seguro medico? No hay problema.**

Discounted fees are available for those who qualify.
(Existe un programa de descuento para los que califiquen.)

**X-RAY SERVICES
(Blue Ridge Health-Chimney Rock ONLY)**

**SERVICIOS DE RAYOS-X
(Solo en Blue Ridge Health- Chimney Rock)**

Discount Services Fee Scale - Percentage of Maximum
Charge Based on Family Income and Size

Escala de tarifas descontadas- Se cobra un porcentaje de la factura máxima dependiendo el
tamaño de la familia y los ingresos del hogar.

| Payment Category Code | A | B | C | D | E |
|-------------------------|------------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Rates by procedure code | NOMINAL FEE See attached Fee Schedule | See attached Fee Schedule | See attached Fee Schedule | See attached Fee Schedule | See attached Fee Schedule |

| Annual Income/Ingresos Anuales | | | | | |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Family Size/Tamaño de Familia | 100% FPGL | 101-125% FPGL | 126-150% FPGL | 151-175% FPGL | 176-200% FPGL |
| | Less than or equal to | Less than or equal to | Less than or equal to | Less than or equal to | Less than or equal to |
| 1 | \$ 15,960 | \$ 19,950 | \$ 23,940 | \$ 27,930 | \$ 31,920 |
| 2 | \$ 21,640 | \$ 27,050 | \$ 32,460 | \$ 37,870 | \$ 43,280 |
| 3 | \$ 27,320 | \$ 34,150 | \$ 40,980 | \$ 47,810 | \$ 54,640 |
| 4 | \$ 33,000 | \$ 41,250 | \$ 49,500 | \$ 57,750 | \$ 66,000 |
| 5 | \$ 38,680 | \$ 48,350 | \$ 58,020 | \$ 67,690 | \$ 77,360 |
| 6 | \$ 44,360 | \$ 55,450 | \$ 66,540 | \$ 77,630 | \$ 88,720 |
| 7 | \$ 50,040 | \$ 62,550 | \$ 75,060 | \$ 87,570 | \$ 100,080 |
| 8 | \$ 55,720 | \$ 69,650 | \$ 83,580 | \$ 97,510 | \$ 111,440 |

For families/households with more than 8 persons, **add \$5,500 for each additional person.**
Para familias/hogares que tengan más de 8 personas, **añada \$5,500 por cada persona adicional.**

SPECIAL NOTE: CHARGES ARE FOR EACH XRAY PROCEDURE
NOTA ESPECIAL: SE COBRA POR CADA PROCEDIMIENTO DE RAYOS-X