**Table A: Medical Services**

Note: We take insurance. Please contact our office 240-393-5950 to verify benefit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **A. Montgomery Care (Approved by DHHS)** | * **B. Presumptively Eligible for Montgomery Care (Covid-19 Pandemic)**
 | **B. Discounted Rate for other patients with income below FPL 250%** | **C. Self-Pay** |
| Visit Fee | $25/visit (encouraged donation) | $25 (encouraged donation) | $ 80 /visit | $120/visit |
| Free Services | 1. Free Medication From Community Pharmacy
2. Free Immunization
3. Free Annual Checkup
4. Free well women check up
5. Other prevention services
6. Discounted labs
7. Referral to Specialty
 | 1. Free Medication From Community Pharmacy
2. Free Immunization
3. Free Annual Checkup
4. Free well women check up
5. Other prevention services
6. Discounted lab
 | Discounted labs | Discounted labs |
| Eligibility | * Montgomery county Residency
* Income eligible
* Uninsured & Not qualified for insurance
* Fill out Montgomery Care Application
 | * Montgomery county Residency
* Income eligible
* Uninsured & Not qualified for insurance
* Can not provide proof of above information
 | Patients At or below 250 % of FPL, not eligible for, or not willing to apply for Montgomery Care program | Not in the categories of A & B. |

* Subject to change according to Montgomery Care policy

**Table B: Behavioral Health Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Categories** | **A. Montgomery Care** | **B. Presumptively Eligible for Montgomery Care** | **C. Discounted Rate without Documents** | **Self-Pay**  |
| **Eligibility** | See eligibility guideline | * Montgomery county Residency
* Income eligible
* Uninsured & Not qualified for insurance
* Cannot provide proof of the above information
 | Patients At or below 250 % of FPG, not eligible for not willing to apply for the Montgomery Care program  | All self-pay patients |
| Social Worker(LCSW-C) | $25  (Encouraged donation) | $50 | $ 80(Limited 3 sessions) | $120 |
| Psychologist(PsyD) | N/A | N/A | N/A | $150 |
| Psychiatrist(Psy MD) | $25 \* | $50 | $80 (Limit 3 sessions) | 200 |
| Other Clinicians | N/A | N/A | N/A | N/A |

Note: We take insurance. Please contact our office at 240-393-5950 to verify the benefit.

Note: A psychiatrist visits needs to be first screened by a social worker.

* Subject to change according to Montgomery Care policy

 **Table C: Chinese Medication and Acupuncture**

**(Subject to Availability)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Categories | **A. Montgomery Care** | **B. No Pain Initiative Participants** | **C. Insurance Patients** | **D. Self-Pay** |
| **Eligibility** | See eligibility guideline | Medicaid PatientLimited 4 sessions | * Initial sessions referred B
* Continued service determined by insurance policy
 | All other patients |
| Consultation | $25 | $10 | Go by insurance policy | $100 |
| Acupuncture Sessions | $25 | $10 | Go by insurance policy | $80 |

**Table D: Immunizations**

Note: We take insurance. Please contact our office at 240-393-5950 to verify the benefit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine Type** | **Montgomery Care Eligible or Presumptively Eligible** | **Non Montgomery Care (Below 250% FPL)** | **Self Paid** |
| Flu-  | Free | $25 (reg.)/$50 (high) | $30 (reg.)/$80 (high dose) |
| Hepatitis B - | Free | free | $20 ( 3 dose in 6 mon) $50 (2 dose in 1 mon) |
| Pneumovax 23 | Free | $100 | $100 |
| Prevnar 13 | Free | $200  | $200 |
| Tadp (Tetanus, diphtheria, and pertussis) |  Free | $50 | $70 |
| Spirometry | $15 | $30 | $50 |
| Bone US | $15 | $30 | $50 |
| Urine Dipstick | $10 | $15 | $20 |
| Strep | $20 | $20 | $25 |
| Urinary tract & Bladder infection | $16 | $25 | $30 |
| Hemoglobin A1C | $9 | $15 | $20 |
| All labs and tests are available in conjunction with a standard service $ 80 |

**Table E: In-House Screening Tests**

* Available for adults over the age of 19

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Type** | **Montgomery Care** | * **Non Montgomery Care (Below 400% FPL)**
 | * **Self Paid**
 |
| Hepatitis B - | Free | Free | Free |
| Hepatitis C Rapid Screening | Free | Free | Free |
| Spirometry  | $15 | * $30
 | * $50
 |
| Bone US | $15 | * $30
 | * $50
 |
| Urine Dipstick | $10 | * $15
 | * $20
 |
| Strep | $20 | * $20
 | * $25
 |
| Urinary tract & Bladder infection | $16 | * $25
 | * $30
 |
| Hemoglobin A1C | $9 | * $15
 | * $20
 |
| COVID-19 Antigen | Free | * Free
 | * Free
 |
| COVID-19 Rapid Test | Free | * Free
 | * Free
 |
|  |  |  |  |
| * All labs and tests are available in conjunction with a standard medical service fee $ 80
 |

**Montgomery Care Eligibility Guideline**

**Eligibility determination documentation for the current year and one year prior (if applicable) must be documented in the client electronic health record.**

**1. Applicants must show at least one approved proof of residency in Montgomery County. Copies of proof of residency must be maintained in the client record.**

* Mortgage, Lease or Property Tax Bill
* Current utility bill with complete name and address (cell phone bill not accepted)
* School records
* Driver’s license with current address
* Maryland State ID Card
* Signed Federal Tax Return (Current Year only)
* Written statement on letterhead from home-visiting provider or homeless shelter
* Official County or State correspondence on letterhead
* Letter from landlord/third party host with host’s proof of residency
* If none of the above is available, complete Montgomery Cares Missing Documentation Form. The Missing Documentation Form is valid for two visits only.

**2. Applicants should show proof of age. There are no mandatory documents for the proof of age requirement. Client’s declared age is acceptable proof, although a picture ID is preferred. Driver’s license, birth certificates, passports are not required documentation.**

**3. Applicants must indicate if s/he has any form of health insurance. Clinics need to use Electronic Verification System (EVS) to identify patients who may be enrolled in**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

