


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	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Montgomery county Residency • Income eligible • Uninsured & Not qualified for insurance • Fill out Montgomery Care Application 	<ul style="list-style-type: none"> • 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

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

Categories	A. Montgomery Care	B. Presumptively Eligible for Montgomery Care	C. Discounted Rate without Documents	Self-Pay
Eligibility	See eligibility guideline	<ul style="list-style-type: none"> • 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: 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 Patient Limited 4 sessions	<ul style="list-style-type: none"> • 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

2023 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Per Year

Household/ Family Size	25%	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%	200%
1	\$3,645	\$7,290	\$10,935	\$14,580	\$18,225	\$18,954	\$19,391	\$19,683	\$20,120	\$21,870	\$25,515	\$26,244	\$26,973	\$29,160
2	\$4,930	\$9,860	\$14,790	\$19,720	\$24,650	\$25,636	\$26,228	\$26,622	\$27,214	\$29,580	\$34,510	\$35,496	\$36,482	\$39,440
3	\$6,215	\$12,430	\$18,645	\$24,860	\$31,075	\$32,318	\$33,064	\$33,561	\$34,307	\$37,290	\$43,505	\$44,748	\$45,991	\$49,720
4	\$7,500	\$15,000	\$22,500	\$30,000	\$37,500	\$39,000	\$39,900	\$40,500	\$41,400	\$45,000	\$52,500	\$54,000	\$55,500	\$60,000
5	\$8,785	\$17,570	\$26,355	\$35,140	\$43,925	\$45,682	\$46,736	\$47,439	\$48,493	\$52,710	\$61,495	\$63,252	\$65,009	\$70,280
6	\$10,070	\$20,140	\$30,210	\$40,280	\$50,350	\$52,364	\$53,572	\$54,378	\$55,586	\$60,420	\$70,490	\$72,504	\$74,518	\$80,560
7	\$11,355	\$22,710	\$34,065	\$45,420	\$56,775	\$59,046	\$60,409	\$61,317	\$62,680	\$68,130	\$79,485	\$81,756	\$84,027	\$90,840
8	\$12,640	\$25,280	\$37,920	\$50,560	\$63,200	\$65,728	\$67,245	\$68,256	\$69,773	\$75,840	\$88,480	\$91,008	\$93,536	\$101,120
9	\$13,925	\$27,850	\$41,775	\$55,700	\$69,625	\$72,410	\$74,081	\$75,195	\$76,866	\$83,550	\$97,475	\$100,260	\$103,045	\$111,400
10	\$15,210	\$30,420	\$45,630	\$60,840	\$76,050	\$79,092	\$80,917	\$82,134	\$83,959	\$91,260	\$106,470	\$109,512	\$112,554	\$121,680
11	\$16,495	\$32,990	\$49,485	\$65,980	\$82,475	\$85,774	\$87,753	\$89,073	\$91,052	\$98,970	\$115,465	\$118,764	\$122,063	\$131,960
12	\$17,780	\$35,560	\$53,340	\$71,120	\$88,900	\$92,456	\$94,590	\$96,012	\$98,146	\$106,680	\$124,460	\$128,016	\$131,572	\$142,240
13	\$19,065	\$38,130	\$57,195	\$76,260	\$95,325	\$99,138	\$101,426	\$102,951	\$105,239	\$114,390	\$133,455	\$137,268	\$141,081	\$152,520
14	\$20,350	\$40,700	\$61,050	\$81,400	\$101,750	\$105,820	\$108,262	\$109,890	\$112,332	\$122,100	\$142,450	\$146,520	\$150,590	\$162,800

Household/ Family Size	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%	800%	1000%
1	\$32,805	\$36,450	\$40,095	\$43,740	\$47,385	\$51,030	\$54,675	\$58,320	\$72,900	\$87,480	\$102,060	\$116,640	\$145,800
2	\$44,370	\$49,300	\$54,230	\$59,160	\$64,090	\$69,020	\$73,950	\$78,880	\$98,600	\$118,320	\$138,040	\$157,760	\$197,200
3	\$55,935	\$62,150	\$68,365	\$74,580	\$80,795	\$87,010	\$93,225	\$99,440	\$124,300	\$149,160	\$174,020	\$198,880	\$248,600
4	\$67,500	\$75,000	\$82,500	\$90,000	\$97,500	\$105,000	\$112,500	\$120,000	\$150,000	\$180,000	\$210,000	\$240,000	\$300,000
5	\$79,065	\$87,850	\$96,635	\$105,420	\$114,205	\$122,990	\$131,775	\$140,560	\$175,700	\$210,840	\$245,980	\$281,120	\$351,400
6	\$90,630	\$100,700	\$110,770	\$120,840	\$130,910	\$140,980	\$151,050	\$161,120	\$201,400	\$241,680	\$281,960	\$322,240	\$402,800
7	\$102,195	\$113,550	\$124,905	\$136,260	\$147,615	\$158,970	\$170,325	\$181,680	\$227,100	\$272,520	\$317,940	\$363,360	\$454,200
8	\$113,760	\$126,400	\$139,040	\$151,680	\$164,320	\$176,960	\$189,600	\$202,240	\$252,800	\$303,360	\$353,920	\$404,480	\$505,600
9	\$125,325	\$139,250	\$153,175	\$167,100	\$181,025	\$194,950	\$208,875	\$222,800	\$278,500	\$334,200	\$389,900	\$445,600	\$557,000
10	\$136,890	\$152,100	\$167,310	\$182,520	\$197,730	\$212,940	\$228,150	\$243,360	\$304,200	\$365,040	\$425,880	\$486,720	\$608,400
11	\$148,455	\$164,950	\$181,445	\$197,940	\$214,435	\$230,930	\$247,425	\$263,920	\$329,900	\$395,880	\$461,860	\$527,840	\$659,800
12	\$160,020	\$177,800	\$195,580	\$213,360	\$231,140	\$248,920	\$266,700	\$284,480	\$355,600	\$426,720	\$497,840	\$568,960	\$711,200
13	\$171,585	\$190,650	\$209,715	\$228,780	\$247,845	\$266,910	\$285,975	\$305,040	\$381,300	\$457,560	\$533,820	\$610,080	\$762,600
14	\$183,150	\$203,500	\$223,850	\$244,200	\$264,550	\$284,900	\$305,250	\$325,600	\$407,000	\$488,400	\$569,800	\$651,200	\$814,000

contiguous states_updated Jan. 2022

Modified 1.1.2023