

Table A: Medical Services

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

	A. Montgomery Cares (Approved by DHHS)	 B. Presumptively Eligible for Montgomery Cares (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 Cares policy

Table B: Behavioral Health Services

Categories	A. Montgomery Cares	B. Presumptively Eligible for Montgomery Cares	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 Cares 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.



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**Table C: Chinese Medication and Acupuncture
(Subject to Availability)**

Categories	A. Montgomery Cares	B. No Pain Initiative Participants	C. Insurance Patients	D. Self-Pay
Eligibility	See eligibility guideline	Medicaid Patient Limited 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 Cares Eligible or Presumptively Eligible	Non Montgomery Cares/Non CCACC patients (Below 250% FPL)	Self-Paid
Flu-	Free (if available)	\$30 (reg.)/\$80 (high dose)	\$30 (reg.)/\$80 (high dose)
Hepatitis B -	Free (if available)	\$20 (per shot)	\$20 (per shot)
Pneumovax 23	Free (if available)	Not available	Not available
Prevnar 13	Free (if available)	Not available	Not available
Tadp (Tetanus, diphtheria, and pertussis)	Free (if available)	Not available	Not available
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 Cares	❖ Non Montgomery Cares/Non CCACC patients (Below 250% FPL)	❖ Self-Paid
Hepatitis B -	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
❖ All labs and tests are available in conjunction with a standard medical service fee \$ 80			

Montgomery Cares 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

2025 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	150%	175%	200%	225%	250%	275%	300%
1	7,825.00	11,737.50	15,650.00	19,562.50	23,475.00	27,387.50	31,300.00	35,212.50	39,125.00	43,037.50	46,950.00
2	10,575.00	15,862.50	21,150.00	26,437.50	31,725.00	37,012.50	42,300.00	47,587.50	52,875.00	58,162.50	63,450.00
3	13,325.00	19,987.50	26,650.00	33,312.50	39,975.00	46,637.50	53,300.00	59,962.50	66,625.00	73,287.50	79,950.00
4	16,075.00	24,112.50	32,150.00	40,187.50	48,225.00	56,262.50	64,300.00	72,337.50	80,375.00	88,412.50	96,450.00
5	18,825.00	28,237.50	37,650.00	47,062.50	56,475.00	65,887.50	75,300.00	84,712.50	94,125.00	103,537.50	112,950.00
6	21,575.00	32,362.50	43,150.00	53,937.50	64,725.00	75,512.50	86,300.00	97,087.50	107,875.00	118,662.50	129,450.00
7	24,325.00	36,487.50	48,650.00	60,812.50	73,975.00	87,137.50	100,300.00	113,462.50	126,625.00	139,787.50	152,950.00
8	27,075.00	40,612.50	54,150.00	67,687.50	81,225.00	94,762.50	108,300.00	121,837.50	135,375.00	148,912.50	162,450.00
9	29,825.00	44,737.50	59,650.00	74,562.50	89,475.00	104,387.50	119,300.00	134,212.50	149,125.00	164,037.50	178,950.00
10	32,575.00	48,862.50	65,150.00	81,437.50	97,725.00	114,012.50	130,300.00	146,587.50	162,875.00	179,162.50	195,450.00
11	35,325.00	52,987.50	70,650.00	88,312.50	105,975.00	123,637.50	141,300.00	158,962.50	176,625.00	194,287.50	211,950.00
12	38,075.00	57,112.50	76,150.00	95,187.50	113,225.00	131,262.50	149,300.00	167,337.50	185,375.00	203,412.50	221,450.00
13	40,825.00	61,237.50	81,650.00	102,062.50	121,475.00	140,687.50	160,000.00	179,312.50	198,625.00	217,937.50	237,250.00
14	43,575.00	65,362.50	87,150.00	108,937.50	129,725.00	150,037.50	170,350.00	190,662.50	210,975.00	231,287.50	251,600.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,300.00	35,212.50	39,125.00	43,037.50	46,950.00	50,862.50	54,775.00	58,687.50	62,600.00	78,250.00	93,900.00	109,550.00
2	42,300.00	47,587.50	52,875.00	58,162.50	63,450.00	68,737.50	74,025.00	79,312.50	84,600.00	105,750.00	126,900.00	148,050.00
3	53,300.00	59,962.50	66,625.00	73,287.50	79,950.00	86,612.50	93,275.00	99,937.50	106,600.00	133,250.00	159,900.00	186,550.00
4	64,300.00	72,337.50	80,375.00	88,412.50	96,450.00	104,487.50	112,525.00	120,562.50	128,600.00	160,750.00	192,900.00	225,050.00
5	75,300.00	84,712.50	94,125.00	103,537.50	112,950.00	122,362.50	131,775.00	141,187.50	150,600.00	188,250.00	225,900.00	263,550.00
6	86,300.00	97,087.50	107,875.00	118,662.50	129,450.00	140,237.50	151,025.00	161,812.50	172,600.00	215,750.00	258,900.00	302,050.00
7	97,300.00	109,462.50	121,625.00	133,787.50	145,950.00	158,112.50	170,275.00	182,437.50	194,600.00	243,250.00	291,900.00	340,550.00
8	108,300.00	121,837.50	135,375.00	148,912.50	162,450.00	175,987.50	189,525.00	203,062.50	216,600.00	270,750.00	324,900.00	379,050.00
9	119,300.00	134,212.50	149,125.00	164,037.50	178,950.00	193,862.50	208,775.00	223,687.50	238,600.00	298,250.00	357,900.00	417,550.00
10	130,300.00	146,587.50	162,875.00	179,162.50	195,450.00	211,737.50	228,025.00	244,312.50	260,600.00	325,750.00	390,900.00	456,050.00
11	141,300.00	158,962.50	176,625.00	194,287.50	211,950.00	229,612.50	247,275.00	264,937.50	282,600.00	353,250.00	423,900.00	494,550.00
12	152,300.00	171,337.50	190,375.00	209,412.50	228,450.00	247,487.50	266,525.00	285,562.50	304,600.00	380,750.00	456,900.00	533,050.00
13	163,300.00	183,712.50	204,125.00	224,537.50	244,950.00	265,362.50	285,775.00	306,187.50	326,600.00	408,250.00	489,900.00	571,550.00
14	174,300.00	196,087.50	217,875.00	239,662.50	261,450.00	283,237.50	305,025.00	326,812.50	348,600.00	435,750.00	522,900.00	610,050.00

Note: Each individual program—e.g., SNAP, Medicaid—determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

