



MayView

COMMUNITY HEALTH
CENTER

A Member of



Ravenswood
Family Health Network

Do you have **high-share-of-cost Medi-Cal,
or a health plan that doesn't cover
all of the services you need?
Are you low-income or uninsured?**

**You may be eligible for
Ravenswood's Sliding Fee
Scale discount program!**

**To apply, please call Eligibility & Enrollment at:
(650) 330-7416**

Medical & Optometry Visit Sliding Fee Scales

SFS A	0% - 100% FPL [^]	Nominal Fee: \$20/visit	\$18/day of*
SFS B	101% - 133% FPL [^]	\$30/visit	\$27/day of*
SFS C	134% - 166% FPL [^]	\$40/visit	\$36/day of*
SFS D	167% - 200% FPL [^]	\$50/visit	\$45/day of*

[^] Federal Poverty Level, based on household size & income

* 10% discount on visit fee if paid at time of visit

Frequently Asked Questions

What is a Sliding Fee Scale?

A Sliding Fee Scale (SFS) bases the amount you are charged for the services you receive on the size and income of your household. Please see the front of this flier for SFS categories.

What services does the SFS discount cover?

For eligible patients, the SFS discount applies per visit to all medications given during the visit, some immunizations, X-rays, lab tests, mammograms, ultrasounds, and same-day counseling services.

What is the SFS discount for ongoing Counseling?

Our Counseling department has their own Sliding Fee Scale:

SFS A	<u>Nominal Fee:</u> \$0/month
SFS B	\$10/month
SFS C	\$20/month
SFS D	\$30/month

The fee is charged per month (not per visit), regardless of how many counseling visits you are seen for that month.

✳ What is the SFS discount for Perinatal Care?

Our perinatal care department has their own Sliding Fee Scale:

SFS A	<u>Nominal Fee:</u> \$120 per visit up to a maximum of \$1,200
SFS B	\$150 per visit up to a maximum of \$1,500
SFS C	\$175 per visit up to a maximum of \$1,750
SFS D	\$200 per visit up to a maximum of \$2,000

✳ For uninsured women who do not qualify for pregnancy ONLY Medi-Cal.

What are the Sliding Fee Scale discounts for Dental Services and/or Pharmacy?

MayView contracts with Walgreens and Santa Clara County Health System for Pharmacy services. For uninsured patients going to Walgreens, we have a new Sliding Fee Scale:

0%-100% of FPL	\$0/prescription plus the 340B ingredient cost of the medicine
101%-150% of FPL	\$5/prescription plus the 340B ingredient cost of the medicine
151%-200% of FPL	\$10/prescription plus the 340B ingredient cost of the medicine
>200% of FPL	\$15.50/prescription plus the 340B ingredient cost of the medicine

Mobile dental services are provided on a limited basis at Sunnyvale and Mountain View clinic sites - call (650) 387-8717 for an appointment.

How can I become a patient?

Please contact our Eligibility & Enrollment Department at (650) 330-7416 to get started!



Ravenswood Family Health Center
1885 Bay Road
East Palo Alto, CA 94303
(650) 330-7400



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MayView Palo Alto
270 Grant Avenue
Palo Alto, CA 94306

MayView Mountain View
900 Miramonte Avenue, 2nd
Floor
Mountain View, CA 94040

MayView Sunnyvale
785 Morse Avenue
Sunnyvale, CA 94085

Call (650) 387-8717 for a MayView appointment