

Sliding Scale

For patients who are not using insurance or a state-funded program like Medi-Cal or Family PACT, or commercial insurance, PPOSBC offers a sliding scale fee based on household size & income. This means, you pay what you can afford. The bottom line: no one will be turned away from receiving care.

Step 1

Use the chart below to determine where you fall on the sliding scale based on your family size & monthly household income. In the left column, find the number of people that live in the household with you, including adults and children. Then move across the chart to find the correct total monthly household income. This should include income earned by a spouse or partner with whom you live. Round to the nearest dollar. Note which group this puts you in and then move to the next chart below.

MONTHLY INCOME PER FAMILY SIZE

# of People in Household	Group A	Group B	Group C	Group D	Group E
1	\$0 - \$1,215	\$1,216 - \$1,823	\$1,824 - \$2,430	\$2,431 - \$3,038	\$3,039+
2	\$0 - \$1,643	\$1,644 - \$2,465	\$2,466 - \$3,287	\$3,288 - \$4,108	\$4,109+
3	\$0 - \$2,072	\$2,073 - \$3,108	\$3,109 - \$4,143	\$4,144 - \$5,179	\$5,180+
4	\$0 - \$2,500	\$2,501 - \$3,750	\$3,751 - \$5,000	\$5,001 - \$6,250	\$6,251+
5	\$0 - \$2,928	\$2,929 - \$4,393	\$4,394 - \$5,857	\$5,858 - \$7,321	\$7,322+
6	\$0 - \$3,357	\$3,358 - \$5,035	\$5,036 - \$6,713	\$6,714 - \$8,392	\$8,393+
7	\$0 - \$3,785	\$3,786 - \$5,678	\$5,679 - \$7,570	\$7,571 - \$9,463	\$9,464+
8	\$0 - \$4,213	\$4,214 - \$6,320	\$6,321 - \$8,427	\$8,427 - \$10,533	\$10,534+

For family units with more than 8 members, add \$428.33 for each additional member's monthly income.

Step 2

Now that you know which group you're in, select the service from the left side of the chart and match the price to your group. This is a list of our most popular services and are only for patients not using insurance or state-funded programs to pay for services. Don't see the service you're looking for, or have a question? Please call (714) 922-4100 in Orange County or (909) 890-5511 in San Bernardino County.

Remember, no one will be turned away from receiving care due to inability to pay for services.

PPOSBC BUNDLED SERVICES CASH PRICES

Service	Group A	Group B	Group C	Group D	Group E
Medication Abortion (Abortion Pill)	\$0	\$194	\$291	\$387	\$484
In-Center Abortion (1st trimester)	\$0	\$294	\$441	\$589	\$736
In-Center Abortion (2nd trimester)	\$0	\$496	\$744	\$992	\$1,240
Initial Abortion Visit Change to No Abortion	\$0	\$142	\$213	\$283	\$354
Vasectomy w/ Follow Up	\$0	\$219	\$329	\$438	\$548
IUD Insertion w/ Follow Up	\$0	\$243	\$364	\$486	\$607
IUD Insertion w/ Follow Up (Liletta only)	\$0	\$131	\$197	\$263	\$328
IUD Removal	\$0	\$89	\$133	\$177	\$221
Same-Day IUD Insertion/ Removal w/ Follow Up	\$0	\$313	\$470	\$627	\$784
Same-Day IUD Insertion/ Removal w/ Follow Up (Liletta only)	\$0	\$202	\$303	\$404	\$505
Nexplanon Insertion	\$0	\$342	\$513	\$684	\$855

PPOSBC BUNDLED SERVICES CASH PRICES CONT.

Service	Group A	Group B	Group C	Group D	Group E
Nexplanon Removal	\$0	\$82	\$123	\$164	\$205
Same-Day Nexplanon Insertion/Removal	\$0	\$406	\$609	\$812	\$1,015
Emergency Contraception	\$0	\$82	\$122	\$163	\$204
Depo Birth Control Shot (Initial Shot)	\$0	\$88	\$132	\$176	\$220
Depo Birth Control Shot (Follow Up Shot)	\$0	\$38	\$57	\$75	\$94
Gardasil HPV Vaccine (Initial Shot)	\$0	\$237	\$356	\$474	\$593
Gardasil HPV Vaccine (Follow Up Shot)	\$0	\$185	\$277	\$370	\$462
Flu Vaccine	\$0	\$10	\$15	\$20	\$25
STI Treatment w/ Medication	\$0	\$53	\$80	\$107	\$134
Colposcopy/LEEP	\$0	\$90	\$135	\$180	\$225
Pregnancy Access Bridge/ Early Pregnancy Loss Appt.	\$0	\$171	\$256	\$342	\$427
Well Person Visit/Infection Check	\$0	\$102	\$153	\$204	\$255
Office Visits (initial contraceptive visit, pregnancy test, STI, sterilization counseling/consult)	\$0	\$74	\$111	\$148	\$185
Primary Care Office Visit (New Visit/Established Visit)	\$300/\$206	\$300/\$206	\$300/\$206	\$300/\$206	\$300/\$206

ADD ON SERVICES

* These are added prices if you decide to include something in addition to the services you were scheduled for.

Service	Groups A - E
Birth Control Pills (any)	\$26
Caya Diaphragm	\$88
Cefixime STI Treatment (2 pills)	\$30
Condom (Internal/External)	\$0
Dental Dam	\$1
Dep Birth Control Shot	\$35
Emergency Contraception (OTC)	\$25
Emergency Contraception	\$9
Foam Spermicide Contraception	\$46
Gardasil HPV Vaccine	\$438
IUD (Skyla, Mirena, Paragard)	\$454
IUD (Liletta)	\$175
Lubricant Gel (6 units)	\$3
Methotrexate (Ectopic Pregnancy Treatment)	\$88

Service	Groups A - E
Nexplanon (Birth Control Implant)	\$700
NuvaRing Birth Control	\$9
PAP Test	\$40
Pessary	\$60
Birth Control Pills (any)	\$26
Sedation (Any procedure other than ICA)	\$150
Today Birth Control Sponge	\$8
TWIRLA Birth Control Patch (3 patches)	\$119

All fees are subject to change without written notice. Please call to verify fees.

Fees quoted are based on a discounted cash fee for cash patients not having insurance.

Costs include lab fees, but not medication.

Does not include all services or all add-on prices. For more information, call [\(714\) 922-4100](tel:7149224100) or [\(909\) 890-5511](tel:9098905511).