

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 - \$429	\$430 - \$858	\$859 - \$1,288	\$1,289 - \$1,717	\$1,718+
2	\$0 - \$580	\$581 - \$1,161	\$1,162 - \$1,741	\$1,742 - \$2,322	\$2,323+
3	\$0 - \$732	\$733 - \$1,464	\$1,465 - \$2,196	\$2,197 - \$2,928	\$2,929+
4	\$0 - \$833	\$834 - \$1,766	\$1,767 - \$2,650	\$2,651 - \$3,533	\$3,534+
5	\$0 - \$1,034	\$1,035 - \$2,069	\$2,070 - \$3,130	\$3,131 - \$4,138	\$4,139+
6	\$0 - \$1,186	\$1,187 - \$2,372	\$2,373 - \$3,558	\$3,559 - \$4,744	\$4,745+
7	\$0 - \$1,337	\$1,338 - \$2,674	\$2,675 - \$4,012	\$4,013 - \$5,349	\$6,687+
8	\$0 - \$1,488	\$1,489 - \$2,977	\$2,978 - \$4,465	\$4,466 - \$5,954	\$5,955+

* For family units with more than 8 members, add \$757.00 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	\$187	\$280	\$373	\$467
In-center abortion (1st trimester)	\$0	\$203	\$304	\$405	\$507
In-center abortion (2nd trimester)	\$0	\$309	\$464	\$617	\$771
IUD insertion	\$0	\$234	\$351	\$468	\$585
IUD removal	\$0	\$80	\$120	\$159	\$199
IUD insertion/removal same day	\$0	\$296	\$444	\$591	\$739
Implant insertion	\$0	\$334	\$501	\$668	\$836
Implant removal	\$0	\$74	\$111	\$148	\$186
Implant insertion/removal same day	\$0	\$390	\$586	\$781	\$976
Depo birth control shot (1 shot)	\$0	\$68	\$102	\$136	\$171

PPOSBC BUNDLED SERVICES CASH PRICES CONT.

Service	Group A	Group B	Group C	Group D	Group E
Emergency Contraception (1 pill)	\$0	\$58	\$87	\$115	\$144
Gardasil HPV vaccine (price per shot, 3 total needed)	\$0	\$201	\$301	\$401	\$501
Flu vaccine (1 shot)	\$0	\$10	\$15	\$20	\$25
STI testing with medication	\$0	\$40	\$61	\$81	\$101
Colposcopy/LEEP	\$0	\$86	\$129	\$173	\$216
Ectopic pregnancy (early pregnancy loss)	\$0	\$163	\$245	\$326	\$408
Pregnancy Bridge (1 visit)	\$0	\$163	\$245	\$326	\$408
Well-person visit (annual exam)	\$0	\$70	\$105	\$140	\$176
Infection check	\$0	\$70	\$105	\$140	\$176
Vasectomy	\$0	\$215	\$323	\$431	\$539
Office visit (birth control, pregnancy test, STI test, counseling, follow-ups)	\$0	\$54	\$81	\$108	\$136
Drive-Thru visit (birth control, pregnancy test, STI test, counseling, follow-up) No labs included	\$0	\$24	\$36	\$38	\$60

ADD ON SERVICES

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

Service	Group A	Group B	Group C	Group D	Group E
Birth control pills (any)	\$26	\$26	\$26	\$26	\$26
Birth control patches (3)	\$121	\$121	\$121	\$121	\$121
Condom (internal or external)	\$0	\$0	\$0	\$0	\$0
Depo	\$35	\$35	\$35	\$35	\$35
Emergency Contraception	\$9	\$9	\$9	\$9	\$9
Gardasil (1 shot)	\$366	\$366	\$366	\$366	\$366
IUD	\$454	\$454	\$454	\$454	\$454
Nexplanon (birth control implant)	\$700	\$700	\$700	\$700	\$700
NuvaRing (ring)	\$9	\$9	\$9	\$9	\$9

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).