



In compliance with Oklahoma HB 1006 (2021) below is a listing of Arkansas Verdigris Valley Health Centers (AVV) most common health services.

Explanation of Sliding Fee Scale

As a Federally Qualified Health Center, AVV may provide services to uninsured and underinsured individuals on a sliding basis. The chart listed below demonstrates the various fee schedules AVV offers. Where an individual may fall within the slide is based on the current Federal Poverty Guidelines, the individual's household income, and the number of people living in the household with the individual.

To qualify for AVV's sliding fee scale, you must provide a photo ID, a list of members in the household with the individual, and proof of your household income. Examples of proof of income include:

- Most recent W2
- Gross wages from your most current prior two (2) pay stubs (within 30 days)
- Proof of any type of government assistance (e.g. food stamps award letter, veteran's military benefits, Social Security benefits, SSI, SSA)
- Proof of child support
- Letter from employer (on company letterhead) indicating gross income and frequency. If not available, a notarized letter from employer indicating gross income and frequency may be provided.

The Federal Poverty Guidelines are updated annually and can be found here:

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

If you have any questions or concerns regarding billing, please contact us at 877-480-0111.

Arkansas Verdigris Valley
Most Common Health Care Services Pricing

Primary Care		
CPT Code	Service Description	Price
36415	Venipuncture	\$ 5.00
36416	Finger Stick	\$ 5.00
81003	Urinalysis (in-house)	\$ 5.00
83036	Hemoglobin A1C	\$ 10.00
85018	Hemoglobin	\$ 2.00
87880	Strep Test	\$ 20.00
80305	Urine Drug Screen (in-house)	\$ 20.00
81025	Urine Pregnancy Test	\$ 12.00
96372	Therapeutic Injection	\$ 36.50
99202	Office or other outpatient visit for the evaluation and management of a new patient (15 - 29 minutes)	\$ 220.00
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 - 39 minutes)	\$ 290.00
99204	Office or other outpatient visit for the evaluation and management of a new patient (40 - 54 minutes)	\$ 350.00
99205	Office or other outpatient visit for the evaluation and management of a new patient (55 minutes or greater)	\$ 450.00
99211	Established Patient N/C or Nurse Visit	\$ -
99212	Established Patient	\$ 170.00
99213	Office or other outpatient visit for the evaluation and management of an established patient (20 - 29 minutes)	\$ 240.00
99214	Office or other outpatient visit for the evaluation and management of an established patient (30 - 39 minutes)	\$ 275.00
99215	Office or other outpatient visit for the evaluation and management of an established patient (55 minutes)	\$ 375.00
99391	Periodic comprehensive medicine reevaluation and management of an infant aged younger than 1 year	\$ 210.00
99392	Periodic comprehensive medicine reevaluation and management of early childhood 1 through 4 years	\$ 225.00
99393	Periodic comprehensive medicine reevaluation and management of early childhood 5 through 11 years	\$ 250.00
99394	Periodic comprehensive medicine reevaluation and management of early childhood 12 through 17 years	\$ 275.00
99395	Periodic comprehensive medicine reevaluation and management of early childhood 18 through 39 years	\$ 300.00
99396	Periodic comprehensive medicine reevaluation and management of early childhood 40 through 64 years	\$ 325.00
99397	Periodic comprehensive medicine reevaluation and management of early childhood 65 years or older	\$ 300.00
Immunizations		

CPT Code	Service Description	Price
CPT Code	Service Description	
0011A	Moderna Covid-19 Vaccine Administration - First Dose	\$ -
0012A	Moderna Covid-19 Vaccine Administration - Second Dose	\$ -
90460	Immunization Administration - Child	\$ 15.00
90471	Immunization Administration	\$ 15.00
90686	Flu Vaccine	\$ 20.00
Behavioral Health		
CPT Code	Service Description	
90791	Intregated biopsychosocial assessment, including history, mental status and recommendations	\$ 200.00
90832	Psychotherapy - 15 - 29 minutes	\$ 138.00
90833	Psycotherapy - 30 minutes	\$ 138.00
90834	Psychotherapy - 45 minutes	\$ 138.00
90837	Psychotherapy - 60 minutes	\$ 138.00
90846	Family Psychotherapy w/o patient	\$ 138.00
90847	Family Psychotherapy with patient	\$ 138.00
90853	Group Psychotherapy	\$ 35.00
96156	Health and Behavior Assessment (Initial Assessment and Reassessment) - 15 minutes	\$ 250.00
96158	Health and Behavior Assessment (Indivudual) - 30 minutes	\$ 175.00
96159	Health and Behavior Assessment (Indivudual) - each additional 15 minutes	\$ 65.00