

APPENDIX 3 COPAYMENT SCHEDULE

SCHEDULE OF COPAYMENTS

NOTE: Copayment schedule revised to reflect new copay amounts effective for dates of service on and after July 11, 2011 per Medicaid bulletin.

Amount	Type of Services
\$1.15 per date of service	
	Chiropractor
	Podiatrist
\$3.30 per date of service	
	Ambulatory Surgical Center
	Federally Qualified Health Center (FQHC)
	Home Health
	Optometrist
	Physician Office Visits - (Physician/Nurse Practitioner)
	Rural Health Clinic (RHC)
\$3.40 per date of service	
	*Durable Medical Equipment and Supplies
	Dental
	Pharmacy (per prescription /refill) (Copay will apply to ages 19 and above only)
\$3.40 per claim	
	Outpatient Hospital (non-emergency)
\$25.00 per admission	
	Inpatient Hospital

***NOTE:** Durable Medical Equipment that is under a rent to purchase payment plan will have the \$3.40 co-pay split evenly among the 10-month rental payment schedule.

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