**This form is due with continuation application**

1. Title X regulation states that sub-recipients and service sites must have a sound rationale and process for determining the cost of services. Please briefly describe the rationale for how the costs for services at your reproductive health clinic are derived.

**\*Please be sure to attach complete fee schedules in GMIS**

1. Title X regulation states that service sites must follow a written policy and procedure requiring that a schedule of discounts be developed for services provided in the project and updated annually to be in accordance with the Federal Poverty Level. Please describe the rationale for how the sliding fee scale at your reproductive health clinic is developed. If clinic uses exact sliding fee scale sent out annually by the Ohio Department of Health, please state that below.

\***Please be sure to attach your sliding fee scale in GMIS**

1. Please list all private insurance companies with which site has a contract in place.
2. For each CPT code listed below, please fill in the current charge for the service, as well as the highest private insurance reimbursement rate for each code. If you are unable to pull data on the highest reimbursement rate for each CPT code, please think of your highest paying private insurer and list their reimbursement rates. If you do not use one of the CPT codes listed below, please add lines and list the codes for similar services that are offered at your clinic.

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| --- | --- | --- | --- |
| CPT Code | Code Description | Current Charge | Highest PI Reimbursement |
| 99204 | Comprehensive Visit, New (MOD) |  |  |
| 99211 | Minimum, Est. |  |  |
| 99212 | Problem Focus Visit, Est. |  |  |
| 99385 | New 18-39 |  |  |
| 99395 | Est 18-39 |  |  |
| 11981 | Nexplanon Insertion |  |  |
| 11982 | Nexplanon Removal |  |  |
| 58300 | IUD/IUC Insertion |  |  |
| 58301 | IUD/IUC Removal |  |  |
| 96372 | Depo Injection Admin |  |  |
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