

Jackson Health System Fees

Effective October 14, 2024

Primary Care Clinics

Clinicas de Atención Primaria

Klinik Pou Premye Swen

J02/E02: \$0
J03/E03: \$20
J04/E04: \$25
J07: \$0
U21: \$70
N01: Full Price

Pharmacy

Farmacía

Famasi

J02/E02: \$7
J03/E03: \$12
J04/E04: \$25
J07: \$7
U21: N/A
N01: Full Price

Emergency Department

Departamento de Emergencia

Depatman Ijans

J02/E02: \$40
J03/E03: \$100
J04/E04: \$150
J07: \$100
U21: N/A
N01: Full Price

Specialty Clinic, Dental Evaluation, and Outpatient Procedure

Clinica Especialidades, Evaluación Dental y

Procedimiento Ambulatorio

Klinik pou espesyalite, evaluasyon pou dan e pwosedi
nan kilnik

J02/E02: \$25
J03/E03: \$40
J04/E04: \$60
J07: \$40
U21: \$100
N01: Full Price

Inpatient

Hospitalización

Pwosedi pou pasyan ki entene

J02/E02: \$100 p/day
J03/E03: \$200 p/day
J04/E04: \$300 p/day
J07: \$100 p/day
U21: N/A
N01: Full Price

*(Fee per day, up to three days
Tarifa por día, hasta tres días
Re pou peye pa jou, apepre 3 jou)*

Routine Labs & Routine Radiology

Exámenes de Laboratorio y Radiografías de Rutina

Tès Laboratwa Woutin Ak Radyografi Woutin

J02/E02: \$25
J03/E03: \$50
J04/E04: \$80
J07: \$25
U21: \$90
N01: Full Price

High-Cost Radiology, MRI, CT, PET, NM, Dental Procedure

Radiografía de alto Cost, Resonancia Magnetica,

Tomografía Computarizada, PET, NM, Procedimiento Dental

Radiografi avanse, MRI, CT, PET, NM, Pwosedi pou dan

J02/E02: \$40
J03/E03: \$70
J04/E04: \$100
J07: \$40
U21: N/A
N01: Full Price

Rehabilitation, Infusion therapy, and Radiation Oncology

Rehabilitación, Terapia de Infusión, y Radiación Oncológica

Radyo-onkoloji, Reyabilitasyon, epi Terapi Enfizyon,

J02/E02: \$15
J03/E03: \$25
J04/E04: \$40
J07: \$15
U21: N/A
N01: Full Price

**You may be requested to pay a negotiated price prior to services being rendered.*

***Certain inpatient and outpatient procedures may be excluded from the discount program.*

**Si le puede solicitar que pague un precio negociado antes de prestar los servicios.*

***Ciertos procedimientos para pacientes hospitalizados y ambulatorios pueden quedar excluidos del programa de descuento.*

**Nou ka mande ou pou peye yon pri negosye anvan nou ba ou sèvis yo.*

***Sèten pwosedi pasyan ki entè ne ak pasyan ki pa entène ka eskli nan pwogram rabè a.*