

Co-Payments for Medicaid Services



You may be asked to pay a small part of the cost (co-payment) of some medical services you receive. Medicaid will pay the rest. Providers cannot charge any additional amount other than the co-payment for Medicaid covered services. Services cannot be denied if you are not able to pay the copayment amount.

Services	Amounts
Doctor visits	\$1.30 to \$3.90 for each visit
Optometric (eye care services)	\$1.30 to \$3.90 for each visit
Certified nurse practitioner visits	\$1.30 to \$3.90 for each visit
Health care center visits	\$3.90 for each visit
Rural health clinic visits	\$3.90 for each visit
Inpatient hospital	\$50 for each admission
Outpatient hospital	\$3.90 for each visit
Prescription drugs	65¢ to \$3.90 for each prescription
Medical equipment	\$1.30 to \$3.90 for each item
Supplies and appliances	65¢ to \$3.90 for each item
Ambulatory surgical centers	\$3.90 for each visit

You do not have to pay a co-payment if you are a Medicaid recipient who is:

- in a nursing home
- under 18 years of age
- pregnant
- receiving family planning services
- a Native American Indian with an active user letter from Indian Health Services (IHS)

The following services do not require a co-payment:

- birth control (family planning) services
 - case management services
 - chemotherapy
 - dental services for recipients under 21 years of age
 - doctor fees if surgery was done in the doctor's office
 - doctor visits if you are in a hospital or nursing home
 - emergencies
 - home and community services for the intellectually disabled, the elderly and the physically disabled
 - home health care services
 - mental health and substance abuse treatment services
 - Preventive health education services
 - physical therapy in a hospital outpatient setting
 - radiation treatments
 - renal dialysis treatments