Medicaid and CHP+
As part of the Affordable Care Act, Medicaid was expanded. You and your family may qualify for Medicaid/Child Health Plan Plus (CHP+) health care coverage.

Mountain Family Health Centers (MFHC) is dedicated to helping you and your family navigate through the changes in the healthcare system and can help you apply for Medicaid or CHP+.

CICP (Colorado Indigent Care Program)
This program provides discounted health care services to low income individuals and families not eligible for Medicaid/CHP+. Discounted health care services are provided throughout Colorado by hospitals and clinics that participate in CICP. CICP is not a health insurance program.

Sliding Fee Program
Mountain Family Health Centers is committed to providing the health care your family needs at an affordable cost. MFHC offers a sliding scale program to help reduce the cost of health care for individuals or families not eligible for Medicaid/CHP+ or CICP. Sliding Fee Program includes discounts for medical, dental, behavioral health and prenatal visits. Program rating depends on household size and income. This program is valid only at MFHC.

Komen
Komen offers early detection of breast cancer for low income and uninsured women.

Locations
We have five locations to serve you:
Avon- Avon Elementary School Based Health Care
Basalt- 234 Cody Lane
Edwards- 320 Beard Creek Road
Glenwood Springs- 1905 Blake Ave., Suite 101
Rifle- 195 W. 14th Street

Call us at 970.945.2840 or visit www.mountainfamily.com for directions and more information.
Please bring in the following documents for your enrollment appointment.

1. Identification for all adults in household*
2. Birth certificates or school ID for children
3. Social Security Numbers
4. Proof of income for month previous to application
5. Bank statement
6. Vehicle registrations and mileage
7. Current utility bill or lease agreement with physical address.

*If you have a permanent resident card or work permit, please bring to appointment.

Appointment Details:

Date: ______________________________
Time: ______________________________
Location: __________________________
Notes: