



Mountain Family
HEALTH CENTERS

SLIDING FEE DISCOUNT SCHEDULE
Based on 2018 Federal Poverty Guidelines
Effective 04/01/18-03/31/19

Family Size	State Funded Discount									
	0-100%		101-133%		134-159%		160-200%		201-250%	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
1	\$0	\$12,140	\$12,141	\$16,146	\$16,147	\$19,303	\$19,304	\$24,280	\$24,281	\$30,350
2	\$0	\$16,460	\$16,461	\$21,892	\$21,893	\$26,171	\$26,172	\$32,920	\$32,921	\$41,150
3	\$0	\$20,780	\$20,781	\$27,637	\$27,638	\$33,040	\$33,041	\$41,560	\$41,561	\$51,950
4	\$0	\$25,100	\$25,101	\$33,383	\$33,384	\$39,909	\$39,910	\$50,200	\$50,201	\$62,750
5	\$0	\$29,420	\$29,421	\$39,129	\$39,130	\$46,778	\$46,779	\$58,840	\$58,841	\$73,550
6	\$0	\$33,740	\$33,741	\$44,874	\$44,875	\$53,647	\$53,648	\$67,480	\$67,481	\$84,350
7	\$0	\$38,060	\$38,061	\$50,620	\$50,621	\$60,515	\$60,516	\$76,120	\$76,121	\$95,150
8	\$0	\$42,380	\$42,381	\$56,365	\$56,366	\$67,384	\$67,385	\$84,760	\$84,761	\$105,950
9	\$0	\$46,700	\$46,701	\$62,111	\$62,112	\$74,253	\$74,254	\$93,400	\$93,401	\$116,750
10	\$0	\$51,020	\$51,021	\$67,857	\$67,858	\$81,122	\$81,123	\$102,040	\$102,041	\$127,550
11	\$0	\$55,340	\$55,341	\$73,602	\$73,603	\$87,991	\$87,992	\$110,680	\$110,681	\$138,350
12	\$0	\$59,660	\$59,661	\$79,348	\$79,349	\$94,859	\$94,860	\$119,320	\$119,321	\$149,150

For households with more than 12 persons, add \$4,320 for each additional person.

Self Declare	\$80 Medical Office Visit Fee; \$60 Medical Lab Fee
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CICP Rating	1	2	3	4	5
CICP Office Visit Co-Pay	\$15	\$20	\$25	\$35	\$40
CICP Lab/RX Co-Pay	\$10	\$15	\$20	\$30	\$35

Sliding Fee Scale Rating	1	2	3	4	5
Medical Visit Nominal Fee	\$20	\$30	\$40	\$50	\$60
Medical Lab/RX Nominal Fee	\$15	\$25	\$30	\$40	\$50

Elective Procedures Nominal Fee	\$50	\$100	\$150	\$200	\$250
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Prenatal Bundle	\$900	\$1,080	\$1,260	\$1,440	\$1,620
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Behavioral Hlth Nominal Fee	1	2	3	4	5
Initial Evaluation(SAP)	\$75	\$90	\$105	\$120	\$135
Intensive Outpatient Program(IOP)	\$300	\$360	\$420	\$480	\$540

Dental Level 1 (telehealth & preventive)	\$20	\$35	\$50	\$60	\$80
Dental Level 2 (restorative & surgical)	\$50	60%	70%	80%	90%
Dental Level 3 (prosthetic & endo)	\$100	60%	70%	80%	90%

For Clinic/Dental Slide, the patient Fee is the SMALLER of the actual charge or the established Nominal Fee for the family size and income.