



Mountain Family
HEALTH CENTERS

SLIDING FEE DISCOUNT SCHEDULE
Based on 2019 Federal Poverty Guidelines
Effective 04/01/2019-03/31/2020

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	\$12,490	\$12,491	\$16,612	\$16,613	\$19,859	\$19,860	\$24,980	\$24,981	\$31,225
2	\$0	\$16,910	\$16,911	\$22,490	\$22,491	\$26,887	\$26,888	\$33,820	\$33,821	\$42,275
3	\$0	\$21,330	\$21,331	\$28,369	\$28,370	\$33,915	\$33,916	\$42,660	\$42,661	\$53,325
4	\$0	\$25,750	\$25,751	\$34,248	\$34,249	\$40,943	\$40,944	\$51,500	\$51,501	\$64,375
5	\$0	\$30,170	\$30,171	\$40,126	\$40,127	\$47,970	\$47,971	\$60,340	\$60,341	\$75,425
6	\$0	\$34,590	\$34,591	\$46,005	\$46,006	\$54,998	\$54,999	\$69,180	\$69,181	\$86,475
7	\$0	\$39,010	\$39,011	\$51,883	\$51,884	\$62,026	\$62,027	\$78,020	\$78,021	\$97,525
8	\$0	\$43,430	\$43,431	\$57,762	\$57,763	\$69,054	\$69,055	\$86,860	\$86,861	\$108,575
9	\$0	\$47,850	\$47,851	\$63,641	\$63,642	\$76,082	\$76,083	\$95,700	\$95,701	\$119,625
10	\$0	\$52,270	\$52,271	\$69,519	\$69,520	\$83,109	\$83,110	\$104,540	\$104,541	\$130,675
11	\$0	\$56,690	\$56,691	\$75,398	\$75,399	\$90,137	\$90,138	\$113,380	\$113,381	\$141,725
12	\$0	\$61,110	\$61,111	\$81,276	\$81,277	\$97,165	\$97,166	\$122,220	\$122,221	\$152,775

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

CICP & CS 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

Radiology (Plain View)**	\$150	\$160	\$170	\$180	\$190
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Prenatal Bundle	\$900	\$1,080	\$1,260	\$1,440	\$1,620
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BH Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40
BH Group Counseling Fee	\$5	\$10	\$15	\$20	\$25

SUD Individual Counseling Fee	\$10	\$15	\$25	\$30	\$40
SUD Assessment Fee	\$75	\$90	\$105	\$120	\$135
SUD Group Counseling (1hr)	\$5	\$10	\$15	\$20	\$25
SUD Group Counseling (2-3hr)	\$10	\$20	\$25	\$30	\$35

Family Planning Clinics (Title X)	1	2	3	4	5
Office Visit Copay	\$0	\$30	\$40	\$50	\$60
Lab Copay	\$0	\$25	\$30	\$40	\$50

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 Sliding Fee Scales (CICP & CS) the patient Fee is the SMALLER of the actual charge or the established Nominal Fee for the family size and income.

** Radiology (Plain View) contracted through 3rd party vendor Compass Peak Imaging.