



Sliding Fee Schedule

Slide A

Slide B

Slide C

Slide D

Slide E

A N N U A L H O U S E H O L D I N C O M E

F A M I L Y S I Z E	1	less than \$13,590	\$13,591 – \$18,754	\$18,755 – \$23,103	\$23,104 – \$27,180	\$27,181 and up
	2	less than \$18,310	\$18,311 – \$25,268	\$25,269 – \$31,127	\$31,128 – \$36,620	\$36,621 and up
	3	less than \$23,030	\$23,031 – \$31,781	\$31,782 – \$39,151	\$39,152 – \$46,060	\$46,061 and up
	4	less than \$27,750	\$27,751 – \$38,295	\$38,296 – \$47,175	\$47,176 – \$55,500	\$55,501 and up
	5	less than \$32,470	\$32,471 – \$44,809	\$44,810 – \$55,199	\$55,200 – \$64,940	\$64,941 and up
	6	less than \$37,190	\$37,191 – \$51,322	\$51,323 – \$63,223	\$63,224 – \$74,380	\$74,381 and up
	7	less than \$41,910	\$41,911 – \$57,836	\$57,837 – \$71,247	\$71,248 – \$83,820	\$83,821 and up
	8	less than \$46,630	\$46,631 – \$64,349	\$64,350 – \$79,271	\$79,272 – \$93,260	\$93,261 and up
	9	less than \$51,350	\$51,351 – \$70,863	\$70,864 – \$87,295	\$87,296 – \$102,700	\$102,701 and up
	10	less than \$56,070	\$56,071 – \$77,377	\$77,378 – \$95,319	\$95,320 – \$112,140	\$112,141 and up

BASED ON FEDERAL POVERTY GUIDELINES

EFFECTIVE 03/01/2022

If eligible for a Slide A or B, you may also qualify for Medicaid

Be sure to turn in your proof of income.

Individuals & families who are not eligible for a sliding fee scale may still receive some discounts on prescriptions in our pharmacy. Proof of income is required.

A handful of major procedures, some specialty services, and certain labs require down payments and are not eligible for a sliding fee scale discount.

What is our definition of household/family size?

All individuals who live together and are related by birth, marriage, or adoption **OR** All individuals who may or may not live together, and share a taxed household

Discounts apply after nominal fees are paid

**Questions about costs?
Call (406) 258-4195**

Medical Nominal/Flat Fees

Service Group
Office Visit
Vaccination
Medical Procedure
Laboratory
Radiology
Supplies, Medications, Medical Equipment
Clinical Pharmacy
Vasectomy Procedure
OB Services & Delivery

Slide A

\$15
\$0
\$15
\$15
\$10
\$0
\$0

Slide B

\$20
\$0
\$20
\$20
\$15
\$0
\$0

Slide C

\$25
\$0
\$25
\$25
\$20
\$0
\$0

Slide D

\$30
\$0
\$30
\$30
\$25
\$0
\$0

Slide E

Full Fee

N/A, not part of the Flat Fee model. Refer questions about cost to Billing
N/A, not part of the Flat Fee model. Refer questions about cost to Billing

Dental Nominal/Flat Fees

Service Group
Exam & Imaging
Cleaning, Hygiene
Filling, Crown, Pulp Cap, Appliances
Additional Services
Oral Surgery *Limit three extractions
Root Canal

Slide A

\$30
\$30
\$30
\$0
\$30

Slide B

\$40
\$40
\$60
\$0
\$50

Slide C

\$65
\$60
\$100
\$0
\$100

Slide D

\$80
\$70
\$150
\$0
\$150

Slide E

Full Fee

N/A, not part of the Flat Fee model. Refer questions about cost to Billing

Behavioral Health Nominal/Flat Fees

Service Group
Behavioral Health Visit

Slide A

\$10

Slide B

\$11

Slide C

\$12

Slide D

\$13

Slide E

Full Fee