



Mountain Family
HEALTH CENTERS

SLIDING FEE DISCOUNT SCHEDULE
Based on 2023 Federal Poverty Guidelines
Effective 07/17/2023-03/31/2024

Family Size	0-100%		101-133%		134-159%		160-200%		State and Privately Funded Discount			
	Min	Max	Min	Max	Min	Max	Min	Max	201-250%		251-400%	
1	\$0	\$14,580	\$14,581	\$19,391	\$19,392	\$23,182	\$23,183	\$29,160	\$29,161	\$36,450	\$36,451	\$58,320
2	\$0	\$19,720	\$19,721	\$26,228	\$26,229	\$31,355	\$31,356	\$39,440	\$39,441	\$49,300	\$49,301	\$78,880
3	\$0	\$24,860	\$24,861	\$33,064	\$33,065	\$39,527	\$39,528	\$49,720	\$49,721	\$62,150	\$62,151	\$99,440
4	\$0	\$30,000	\$30,001	\$39,900	\$39,901	\$47,700	\$47,701	\$60,000	\$60,001	\$75,000	\$75,001	\$120,000
5	\$0	\$35,140	\$35,141	\$46,736	\$46,737	\$55,873	\$55,874	\$70,280	\$70,281	\$87,850	\$87,851	\$140,560
6	\$0	\$40,280	\$40,281	\$53,572	\$53,573	\$64,045	\$64,046	\$80,560	\$80,561	\$100,700	\$100,701	\$161,120
7	\$0	\$45,420	\$45,421	\$60,409	\$60,410	\$72,218	\$72,219	\$90,840	\$90,841	\$113,550	\$113,551	\$181,680
8	\$0	\$50,560	\$50,561	\$67,245	\$67,246	\$80,390	\$80,391	\$101,120	\$101,121	\$126,400	\$126,401	\$202,240
9	\$0	\$55,700	\$55,701	\$74,081	\$74,082	\$88,563	\$88,564	\$111,400	\$111,401	\$139,250	\$139,251	\$222,800
10	\$0	\$60,840	\$60,841	\$80,917	\$80,918	\$96,736	\$96,737	\$121,680	\$121,681	\$152,100	\$152,101	\$243,360
11	\$0	\$65,980	\$65,981	\$87,753	\$87,754	\$104,908	\$104,909	\$131,960	\$131,961	\$164,950	\$164,951	\$263,920
12	\$0	\$71,120	\$71,121	\$94,590	\$94,591	\$113,081	\$113,082	\$142,240	\$142,241	\$177,800	\$177,801	\$284,480

For households with more than 12 persons, add \$5,140 for each additional person.

Clinic Slide Rating	1	2	3	4	5	6
Nurse Visit Nominal Fee	\$0	\$2	\$3	\$4	\$5	\$6
Medical Visit Nominal Fee	\$25	\$35	\$45	\$55	\$70	\$85
Medical Lab Nominal Fee	\$20	\$30	\$35	\$45	\$60	\$70
Medical Vaccine Nominal Fee	\$20	\$30	\$35	\$45	\$60	\$70
Medical PAD Nominal Fee	\$20	\$30	\$35	\$45	\$60	\$70

Rx Dispensing Fee*	\$2	\$3	\$4	\$5	\$6	\$7
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Radiology (Plain View)**	\$150	\$160	\$170	\$180	\$190	\$200
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Prenatal Bundle	\$1,100	\$1,320	\$1,540	\$1,760	\$1,980	\$2,090
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BH/SUD Individual Counseling Fee	\$15	\$20	\$30	\$40	\$50	\$60
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SUD Individual Counseling Fee	\$15	\$20	\$30	\$40	\$50	\$60
SUD Assessment Fee	\$80	\$95	\$110	\$125	\$145	\$160
SUD Group Counseling (1hr)	\$10	\$15	\$20	\$25	\$35	\$40
SUD Group Counseling (2-3hr)	\$15	\$25	\$30	\$35	\$45	\$50

Family Planning Clinics (Title X)	1	2	3	4	5	6
Office Visit Copay	\$0	\$35	\$45	\$55	\$70	\$85
Lab Copay	\$0	\$30	\$35	\$45	\$60	\$70

Dental Level 1 (telehealth & preventive)	\$25	\$40	\$55	\$65	\$90	\$110
Dental Level 2 (restorative & surgical)	\$55	60%	70%	80%	90%	95%
Dental Level 3 (prosthetic & endo)	\$105	60%	70%	80%	90%	95%

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

Rx Dispensing only available to those without primary insurance

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