

NOTICE OF AVAILABILITY OF SLIDING FEE DISCOUNT PROGRAM

Benefis Teton Medical Center Community Clinic will provide Sliding Fee Discounts to persons who are unable to pay for medical services and who meet the following guidelines. Eligibility for Sliding Fee Discounts will be limited to clinic accounts whose family gross income is at or below 100% of the poverty guidelines. An account in bad debt collections will not be considered for Sliding Fee Discount eligibility without administrative approval. A nominal payment of \$10 is desired per visit. Those meeting policy guidelines will be considered for reduced cost in accordance with the schedule below.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
CHARGE						
Family Size	Nominal Fee (\$10)	20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,880	\$12,881-\$16,100	\$16,101-\$19,320	\$19,321-\$22,540	\$22,541-\$25,760	\$25,761+
2	0-\$17,420	\$17,421-\$21,775	\$21,776-\$26,130	\$26,131-\$30,485	\$30,486-\$34,840	\$34,840+
3	0-\$21,960	\$21,961-\$27,450	\$27,451-\$32,940	\$32,941-\$38,430	\$38,431-\$43,920	\$43,921+
4	0-\$26,500	\$26,501-\$33,125	\$33,126-\$39,750	\$39,751-\$46,375	\$46,376-\$53,000	\$53,001+
5	0-\$31,040	\$31,041-\$38,800	\$38,801-\$46,560	\$46,561-\$54,320	\$54,321-\$62,080	\$62,081+
6	0-\$35,580	\$35,581-\$44,475	\$44,476-\$53,370	\$53,371-\$62,265	\$62,266-\$71,160	\$71,161+
7	0-\$40,120	\$40,121-\$50,150	\$50,151-\$60,180	\$60,181-\$70,210	\$70,211-\$80,240	\$80,241+
8	0-\$44,660	\$44,661-\$55,825	\$55,826-\$66,990	\$66,991-\$78,155	\$78,156-\$89,320	\$89,321+
For each additional person, add	\$4540	\$5,675	\$6,810	\$7,945	\$9080	\$10,215

- Based on 2018 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)
- A W2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business.

BENEFIS TETON MEDICAL CENTER COMMUNITY CLINIC SLIDING FEE DISCOUNT FOR ELIGIBILITY DETERINATION

PATIENT'S NAME _____ SSN # _____
LAST FIRST MI

ADDRESS _____ PHONE # _____
MAILING ADDRESS CITY STATE/ZIP

NUMBER OF PERSONS IN FAMILY _____

NAME OF DEPENDENTS RESPONSIBLE FOR (AS CLAIMED ON INCOME TAX RETURNS)

NAME	RELATIONSHIP	AGE	NAME	RELATIONSHIP	AGE

EMPLOYER _____ ADDRESS _____

LENGTH OF EMPLOYMENT _____ POSITION _____

SALARY: BEFORE DEDUCTIONS \$ _____ BASIS OF PAY: HOURLY _____ DAILY _____
WEEKLY _____ MTHLY _____

SPOUSES EMPLOYER _____ ADDRESS _____

LENGTH OF EMPLOYMENT _____ POSITION _____

SALARY: BEFORE DEDUCTIONS \$ _____ BASIS OF PAY: HOURLY _____ DAILY _____
WEEKLY _____ MTHLY _____

OTHER SOURCES OF INCOME

SOCIAL SECURITY \$ _____ OTHER PERSONS \$ _____ WELFARE \$ _____

CHILD SUPPORT \$ _____ RAILROAD RETIREMENT \$ _____ VETERANS PENSION \$ _____

WORKERS COMPENSATION \$ _____ UNEMPLOYMENT \$ _____ OTHER \$ _____

FAMILY INCOME LAST TWELVE (12) MONTHS: \$ _____

COMMENTS _____
