

PHC Sliding Fee Scale



SLIDE A

SLIDE B

SLIDE C

SLIDE D

SLIDE E

ANNUAL HOUSEHOLD INCOME

FAMILY SIZE	1	less than \$15,060	\$15,061 – \$20,783	\$20,784 – \$25,602	\$25,603 – \$30,120	\$30,121 and up
	2	less than \$20,440	\$20,441 – \$28,207	\$28,208 – \$34,748	\$34,749 – \$40,880	\$40,881 and up
	3	less than \$25,820	\$25,821 – \$35,632	\$35,633 – \$43,894	\$43,895 – \$51,640	\$51,641 and up
	4	less than \$31,200	\$31,201 – \$43,056	\$43,057 – \$53,040	\$53,041 – \$62,400	\$62,401 and up
	5	less than \$36,580	\$36,581 – \$50,480	\$50,481 – \$62,186	\$62,187 – \$73,160	\$73,161 and up
	6	less than \$41,960	\$41,961 – \$57,905	\$57,906 – \$71,332	\$71,333 – \$83,920	\$83,921 and up
	7	less than \$47,340	\$47,341 – \$65,329	\$65,330 – \$80,478	\$80,479 – \$94,680	\$94,681 and up
	8	less than \$52,720	\$52,721 – \$72,754	\$72,755 – \$89,624	\$89,625 – \$105,440	\$105,441 and up
	9	less than \$58,100	\$58,101 – \$80,178	\$80,179 – \$98,770	\$98,771 – \$116,200	\$116,201 and up
	10	less than \$63,480	\$63,481 – \$87,602	\$87,603 – \$107,916	\$107,917 – \$126,960	\$126,961 and up

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

BASED ON FEDERAL POVERTY GUIDELINES

EFFECTIVE 03/01/2024

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

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.

Discounts apply after nominal fees are paid.

Contact Billing with any questions:

(406) 258-4195

SLIDE A

SLIDE B

SLIDE C

SLIDE D

SLIDE E

MEDICAL NOMINAL FEES					
Office Visit	\$15	\$20	\$25	\$30	Full Fee
Vaccination	\$0	\$0	\$0	\$0	
Medical Procedure	\$15	\$20	\$25	\$30	
Laboratory	\$15	\$20	\$25	\$30	
Radiology	\$10	\$15	\$20	\$25	
Supplies, Medications, Medical Equipment	\$0	\$0	\$0	\$0	
Clinical Pharmacy	\$0	\$0	\$0	\$0	
Vasectomy Procedure	Refer questions about cost to Billing: (406) 258-4195				
OB Services & Delivery	Refer questions about cost to Billing: (406) 258-4195				
DENTAL NOMINAL FEES					
Exam & Imaging	\$30	\$40	\$65	\$80	Full Fee
Cleaning, Hygiene	\$30	\$40	\$60	\$70	
Filling, Crown, Pulp Cap, Appliances	\$30	\$60	\$100	\$150	
Additional Services	\$0	\$0	\$0	\$0	
Oral Surgery* <i>*Limit three extractions for this pricing</i>	\$30	\$50	\$100	\$150	
Root Canal	Refer questions about cost to Billing: (406) 258-4195				
Appliances <i>(occlusal guard)</i>	Refer questions about cost to Billing: (406) 258-4195				
BEHAVIORAL HEALTH NOMINAL FEES					
Behavioral Health Visit	\$10	\$11	\$12	\$13	Full Fee