

PHC Sliding Fee Scale



SLIDE A

SLIDE B

SLIDE C

SLIDE D

SLIDE E

ANNUAL HOUSEHOLD INCOME

FAMILY SIZE	1	less than \$15,960	\$15,961 – \$22,025	\$22,026 – \$27,132	\$27,133 – \$31,920	\$31,921 and up
	2	less than \$21,640	\$21,641 – \$29,863	\$29,864 – \$36,788	\$36,789 – \$43,280	\$43,281 and up
	3	less than \$27,320	\$27,321 – \$37,702	\$37,703 – \$46,444	\$46,445 – \$54,640	\$54,641 and up
	4	less than \$33,000	\$33,000 – \$45,540	\$45,541 – \$56,100	\$56,101 – \$66,000	\$66,001 and up
	5	less than \$38,680	\$38,680 – \$53,378	\$53,379 – \$65,756	\$65,757 – \$77,360	\$77,361 and up
	6	less than \$44,360	\$44,361 – \$61,217	\$61,218 – \$75,412	\$75,413 – \$88,720	\$88,721 and up
	7	less than \$50,040	\$50,041 – \$69,055	\$69,056 – \$85,068	\$85,069 – \$100,080	\$100,081 and up
	8	less than \$55,720	\$55,721 – \$76,894	\$76,895 – \$94,724	\$94,725 – \$111,440	\$111,441 and up
	9	less than \$61,400	\$61,401 – \$84,732	\$84,733 – \$104,380	\$104,381 – \$122,800	\$122,801 and up
	10	less than \$67,080	\$67,081 – \$92,570	\$92,571 – \$114,036	\$114,037 – \$134,160	\$134,161 and up

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

BASED ON FEDERAL POVERTY GUIDELINES

EFFECTIVE 03/01/2026

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	\$35	\$45	\$70	\$85	Full Fee
Cleaning, Hygiene	\$35	\$45	\$65	\$75	
Filling, Crown, Pulp Cap, Appliances	\$35	\$60	\$105	\$140	
Additional Services	\$0	\$0	\$0	\$0	
Oral Surgery* <i>*Limit three extractions for this pricing</i>	\$35	\$50	\$100	\$160	
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
Additional Services	\$5	\$6	\$7	\$8	Full Fee