

**KEEP FOR REFERENCE  
THE SLIDING FEE PROGRAM**

When you apply for our discounted rate according to the sliding fee program, there are a few things you will want to keep in mind.

- 1) Due to your already discounted rate, **payment is expected at the time of service.**
- 2) Sliding fee may be approved for 3 months, 6 months or 1 year. Unless told otherwise, you must re-apply every April and bring proof of income. Proof of income may include tax returns, W-2 forms, current paycheck stubs, statement of unemployment services, SSI statement, etc. You may be requested to provide further verification of income at any time. Applicants claiming 0 or negative/unusual net incomes will be required to meet with the Clinic Manager.
- 3) If your income increases or decreases, notify the health center immediately to allow for a modification of your rate, if appropriate.
- 4) Patients eligible for 0% sliding fee are required to bring in verification of Medicaid rejection before sliding fee can be applied. Children under 18 must be enrolled in the State MICHild insurance program if not covered by other insurance. Women ages 19-44 should also be enrolled in the Plan First program.
- 5) All applicable insurance must be billed before sliding fee can be applied. The health center will initially bill your insurance. However, if you are covered by a private 3rd party insurer (other than Medicaid, Medicare, and Blue Cross), and your insurance has not paid, you will be billed for the total charges. Sliding fee will not be applied until your insurance pays or rejects the claim.
- 6) All unpaid accounts are subject to our collection policy. We will review all past due balances and payment arrangement prior to approval of your sliding fee application.
- 7) The U.P. Association of Rural Health Services reserves the right to deny sliding fee.

**SERVICES COVERED**

**MEDICAL**

**MINIMUM CO-PAY-**The minimum co-pay for medical services is \$7 if no laboratory is required; if lab services are required the minimum co-pay is \$15. Most medical services provided at the clinic are covered by sliding fee. Services include office visits, laboratory, EKG where it is available.

Total visit charges of more than \$250 require higher co-pays. Higher co-pays are defined below.

The minimum co-pay for laboratory services (urine samples, blood work, strep tests, etc.) is \$15.

**HOSPITAL** Only the physician's visit charge at the hospital, nursing home or patient's home is covered by sliding fee.

**NON-COVERED SERVICES-**Medical procedures performed for cosmetic reasons or are considered not medically necessary are not covered by sliding fee.

XRAY Ewen Clinic

MINIMUM CO-PAY- The minimum co-pay for x-ray services is \$10. This co-pay is in addition to the medical visit co-pay.

XRAY Northern Menominee Health Center and Northern Menominee Health Center South

The clinic will pay the hospital \$25 towards a patient's x-ray if it is ordered by one of our providers. The hospital will bill the clinic for the \$25, and the hospital will collect the balance from the patient.

PHARMACY

PRESCRIPTIONS -There is minimum \$10 co-pay on each prescription regardless of the percentage discount determined.

A maximum discount of 50% is available on prescriptions. This discount is available to applicants in the 0%, 20%, and 40% sliding fee categories. Prescriptions will be filled as a 30 day supply. There are a few specific drugs that allow a 90 day supply.

Only prescriptions written by UPARHS medical providers are eligible for the sliding fee discount. If a UPARHS medical provider refers a patient to a specialist, only the first-time prescriptions(s) and the associated refills from that prescription will be eligible for the sliding fee discount.

DENTAL

MINIMUM CO-PAY-The minimum co-pay is \$20 for services with a total cost \$250 or less. Total visit charges of more than \$250 require higher co-pays. Higher co-pays are defined below.

For procedures requiring the use of an outside dental lab (for example crowns and dentures), 0% sliding fee patients will pay 50% of the total charge. Other sliding fee patients will pay 50% plus the remaining balance adjusted according to their sliding fee. If you have any questions please ask to speak to the Clinic Manager

**NOTE:** Half of the charge for any service involving a lab charge must be paid prior to the beginning of the work and paid in full upon completion of the service.

**NON-COVERED SERVICES-Dental procedures performed for cosmetic reasons (for example bleaching and bonding) are not covered by sliding fee.**

**HIGHER CO-PAYS for Medical and Dental Services – For single or multiple services provided on the same visit with a combined cost of;**

\$250 to \$300, the minimum co-pay is \$30  
\$301 to \$350, the minimum co-pay is \$40  
\$351 to \$400, the minimum co-pay is \$50  
\$401 to \$450, the minimum co-pay is \$75  
\$451 to \$500, the minimum co-pay is \$100  
\$501 and over, the minimum co-pay is 50% of the total charges.

**PLEASE KEEP IN MIND THAT YOU MUST RE-APPLY FOR SLIDING FEE EACH APRIL OR IF YOU HAVE A CHANGE IN YOUR INCOME LEVEL**