



## Heritage Health Center Sliding Fee Program

### What can the sliding fee program do for you?

#### Reduced Medical Fees at any Heritage Health Center

You can qualify to receive a simple flat rate and substantially reduced medical charges billed to you (as indicated in the attached chart). We are not a "Free" clinic but these simple flat rates for each visit can get you the services you need and assistance will be provided in filling out our Sliding Fee application for any discount that you qualify for. No one will be turned away for their inability to pay.

Dental Assistance: After 2 established appointments with one of our healthcare providers, if the provider feels you need dental care, we will either refer you for dental care in Greybull or Powell. The dental program pays up to \$350.00 per calendar year for exams, cleanings, fillings, and extractions. The clinic will call the dental office to arrange your appointment, and then the patient will pick up the voucher at the clinic and pay for the Dental sliding fee copays before the voucher is given. Please sign the voucher and take with you to your dental appointment. If your provider determines that you need additional services and have not used the max allowed, this process will be done again with the clinic making the appointment and picking up and paying for the voucher for the 2<sup>nd</sup> visit.

Pharmacy Assistance: Please meet with our medical staff who can discuss options with you for obtaining discounted medications. Heritage Health does offer the 340B program for prescriptions.

### How do you qualify?

Fill out the application available from our office, one can be mailed to you before your appointment or you can download one from our website, [www.Heritagehealthcenter.org](http://www.Heritagehealthcenter.org). Return a completed application and Proof Of income to our office. If you need additional help with the application, you can call our Community Health Advocate at 307-764-1608.

### What do I need with my application?

Proof of income or proof of eligibility for any other assistance. This can be the first page of your most recent income tax statement, last three pay stubs, or even a letter of eligibility for any government payment or assistance such as SSA benefits, or TANF.

**Who does my application cover?** Your sliding fee application enrollment covers all family members in your household for one year from the application date WITH income verification only and must be renewed annually. The sliding fee can be renewed early if your income or household dependents change.

If you need assistance completing an application, or have any questions please contact a  
Community Health Advocates by calling 307-764-1608 or 307-764-4107.

**Heritage Health Center**  
**Sliding Fee 2021**  
Based on Federal Poverty Guidelines  
(FPG), released January 13, 2021

Family Size	A Billed \$20	B Billed \$30	C Billed \$40	D Billed \$50	E Billed \$55
<b>1</b>	\$0	\$12,881	\$16,101	\$19,321	\$22,541
	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760
<b>2</b>	\$0	\$17,421	\$21,776	\$26,131	\$30,486
	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840
<b>3</b>	\$0	\$21,961	\$27,451	\$32,941	\$38,431
	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920
<b>4</b>	\$0	\$26,501	\$33,126	\$39,751	\$46,376
	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000
<b>5</b>	\$0	\$31,041	\$38,801	\$46,561	\$54,321
	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080
<b>6</b>	\$0	\$35,581	\$44,476	\$53,371	\$62,266
	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160
<b>7</b>	\$0	\$40,121	\$50,151	\$60,181	\$70,211
	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240
<b>8</b>	\$0	\$44,661	\$55,826	\$66,991	\$78,156
	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320
<b>Each additional family member</b>	\$4,540	\$4541-\$5675	\$5676-\$6810	\$6811-\$7945	\$7946-\$9080
	<b>100% of poverty</b>	<b>125% poverty</b>	<b>150% poverty</b>	<b>175% poverty</b>	<b>200% poverty</b>

**Heritage Health Center  
Sliding Fee Application  
2021**

Based on Federal Poverty Guidelines  
(FPG), released January 13, 2021

<b>Type of Services</b>	<b>Group A</b>	<b>Group B</b>	<b>Group C</b>	<b>Group D</b>	<b>Group E</b>
<b>Medical Visit</b>	<b>\$20.00</b>	<b>\$30.00</b>	<b>\$40.00</b>	<b>\$50.00</b>	<b>\$55.00</b>
<b>Mental Health Visit</b>	<b>\$5.00</b>	<b>\$10.00</b>	<b>\$15.00</b>	<b>\$20.00</b>	<b>\$25.00</b>
<b>Nurse Visit— Nurse, Injection, Depo injection</b>	<b>\$7.00</b>	<b>\$10.00</b>	<b>\$13.00</b>	<b>\$17.00</b>	<b>\$20.00</b>
<b>Laboratory— Basis Lab tests are covered, Reference Labs are excluded</b>	<b>\$7.00</b>	<b>\$10.00</b>	<b>\$13.00</b>	<b>\$17.00</b>	<b>\$20.00</b>
<b>Radiology—Basic X-rays, including chest and extremities. Radiology interpretation are excluded</b>	<b>\$12.00</b>	<b>\$17.00</b>	<b>\$23.00</b>	<b>\$30.00</b>	<b>\$35.00</b>
<b>Dental- Preventative &amp; Restorative services</b>	<b>\$20.00</b>	<b>\$35.00</b>	<b>\$55.00</b>	<b>\$75.00</b>	<b>\$99.00</b>