



# Medical & Behavioral Health Sliding Fee Discount

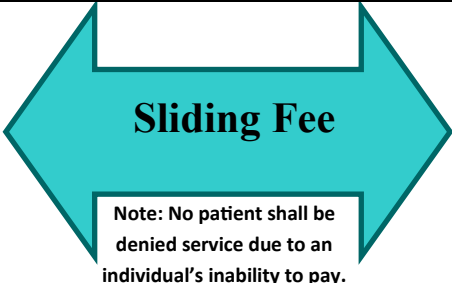
Sliding Fee Scale

Based on Federal Register 2021

Poverty Income Guidelines

| Family Size                    | Income Measure | % of Federal Poverty Income Guidelines |                                      |                                      |                                      |                                      |
|--------------------------------|----------------|--|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
|                                |                | Code 0                                 | Code 25                              | Code 50                              | Code 75                              | Code 100                             |
|                                |                | Up to 100.00%                          | 100.01% - 149.99%                    | 150.00% - 174.99%                    | 175.00% - 200.00%                    | 200.01% +                            |
| 1                              | Annual         | \$0 — \$ 12,880                        | \$ 12,881 — \$ 19,319                | \$ 19,320 — \$ 22,539                | \$ 22,540 — \$ 25,520                | \$ 25,760 +                          |
|                                | Monthly        | \$0 — \$ 1,073                         | \$ 1,074 — \$ 2,177                  | \$ 2,178 — \$ 1,877                  | \$ 1,878 — \$ 2,127                  | \$ 2,147 +                           |
| 2                              | Annual         | \$0 — \$ 17,420                        | \$ 17,421 — \$ 26,129                | \$ 26,130 — \$ 30,457                | \$ 30,458 — \$ 34,480                | \$ 34,840 +                          |
|                                | Monthly        | \$0 — \$ 1,452                         | \$ 1,453 — \$ 2,177                  | \$ 2,178 — \$ 2,539                  | \$ 2,540 — \$ 2,873                  | \$ 2,903 +                           |
| 3                              | Annual         | \$0 — \$ 21,960                        | \$ 21,961 — \$ 32,939                | \$ 32,940 — \$ 38,429                | \$ 38,430 — \$ 43,440                | \$ 43,920 +                          |
|                                | Monthly        | \$0 — \$ 1,830                         | \$ 1,831 — \$ 2,744                  | \$ 2,745 — \$ 3,202                  | \$ 3,203 — \$ 3,620                  | \$ 3,660 +                           |
| 4                              | Annual         | \$0 — \$ 26,500                        | \$ 26,501 — \$ 39,749                | \$ 39,750 — \$ 46,376                | \$ 46,375 — \$ 52,400                | \$ 53,000 +                          |
|                                | Monthly        | \$0 — \$ 2,208                         | \$ 2,208 — \$ 3,312                  | \$ 3,313 — \$ 3,865                  | \$ 3,865 — \$ 4,367                  | \$ 4,417 +                           |
| 5                              | Annual         | \$0 — \$ 31,040                        | \$ 30,041 — \$ 46,559                | \$ 46,560 — \$ 53,319                | \$ 53,320 — \$ 61,360                | \$ 62,080 +                          |
|                                | Monthly        | \$0 — \$ 2,587                         | \$ 2,588 — \$ 3,879                  | \$ 3,880 — \$ 4,526                  | \$ 4,527 — \$ 5,113                  | \$ 5,173 +                           |
| 6                              | Annual         | \$0 — \$ 35,580                        | \$ 35,581 — \$ 53,369                | \$ 53,370 — \$ 62,264                | \$ 62,265 — \$ 70,320                | \$ 71,160 +                          |
|                                | Monthly        | \$0 — \$ 2,965                         | \$ 2,966 — \$ 4,447                  | \$ 4,448 — \$ 5,188                  | \$ 5,189 — \$ 5,860                  | \$ 5,930 +                           |
| 7                              | Annual         | \$0 — \$ 40,120                        | \$ 40,121 — \$ 60,179                | \$ 60,180 — \$ 70,209                | \$ 70,210 — \$ 79,280                | \$ 80,240 +                          |
|                                | Monthly        | \$0 — \$ 3,343                         | \$ 3,344 — \$ 5,014                  | \$ 5,015 — \$ 5,851                  | \$ 5,851 — \$ 6,607                  | \$ 6,687 +                           |
| 8                              | Annual         | \$0 — \$ 44,600                        | \$ 44,601 — \$ 66,989                | \$ 66,990 — \$ 78,154                | \$ 78,155 — \$ 88,240                | \$ 89,320 +                          |
|                                | Monthly        | \$0 — \$ 3,722                         | \$ 3,723 — \$ 5,582                  | \$ 5,583 — \$ 6,512                  | \$ 6,513 — \$ 7,353                  | \$ 7,443 +                           |
| *Each additional family member |                | + \$4,540 Annual/<br>+ \$378 Monthly   | + \$4,540 Annual/<br>+ \$378 Monthly | + \$4,540 Annual/<br>+ \$378 Monthly | + \$4,540 Annual/<br>+ \$378 Monthly | + \$4,540 Annual/<br>+ \$378 Monthly |

| Code 0: Nominal Charges              |      |
|--------------------------------------|------|
| Visits                               | \$20 |
| Labs In—House                        | \$10 |
| Procedures (See Front Desk for List) | \$75 |
| Immunization Administration          | \$7  |



|           |   |
|-----------|---|
| Code 25:  | Patients pay 25% of fee*                                  |
| Code 50:  | Patients pay 50% of fee*                                  |
| Code 75:  | Patients pay 75% of fee*                                  |
| Code 100: | Patients are ineligible for discounts;<br>Pay 100% of fee |

\* But not less than the nominal charge



# Sliding Fee Adjustment

Valley Family Health Care offers discounted services based on the size of the patient’s household and income. The Sliding Fee Scale is determined by calculating the family’s gross monthly income and the number of people supported in the household.

In order to qualify for the sliding fee, **the patient must fill out an application and provide proof of current or annual income.** Proof of income can be one of the following:

- Pay stub
- Bank Statement (showing deposits)
- Unemployment/Employment verification statement from the State Employment Office
- Taxes (last year’s)
- Social Security or Disability print out from Medicare
- Letters from the patient’s employer

**\*VFHC Staff will verify proof of income once received.**

The patient will have to update income information every year.

Insured patients that qualify for the sliding fee may receive the discount. First, the patient’s insurance plans are billed. Based on the amount of the insurance payment, deductible, pre-existing conditions, covered services, etc. the patient may get a sliding fee adjustment.

Patients may receive a discount of 25%, 50%, or 75% for medical and behavioral health services and 25%, 40%, or 50%, for dental services based on income and number of people supported in the household. For patients 100% or below the Federal Poverty Level, a nominal charged is applied.



**VALLEY**  
Family Health Care  
Healthy Families. Strong Communities.

[vfhc.org](http://vfhc.org)



Follow us on Facebook @VFHC1

## Valley Family Health Care

### Locations:

**Payette Medical**  
1441 NE 10th Ave  
Payette, ID  
208-642-9376

**Nyssa Medical**  
17 S 3rd St  
Nyssa, OR  
541-372-5738

**Payette Dental**  
1501 NE 10th Ave  
Payette, ID  
208-642-9379

**Nyssa Dental**  
17th N 6th St  
Nyssa, OR  
541-372-2606

**New Plymouth Medical**  
300 N Plymouth  
New Plymouth, ID  
208-278-3335

**Vale Medical**  
789 Washington W  
Vale, OR  
541-473-2101

**Emmett Medical**  
207 E 12th St  
Emmett, ID  
208-365-1065

**Treasure Valley Pediatric Clinic**  
1219 SW 4th Ave  
Ste.1, Ontario, OR  
541-889-2668

**Ontario Medical**  
2327 SW 4th Ave  
Ontario, OR  
541-889-0052

**Treasure Valley Women and Family Clinic**  
1219 SW 4th Ave  
Ste.2, Ontario, OR  
541-881-2800

**Ontario Dental**  
2327 SW 4th Ave  
Ontario, OR  
541-889-0052

**Outreach Center**  
7 SW 3rd St  
Ontario, OR  
541-889-6119

### Dental Nominal Charges:

#### Dental Treatment Procedures:

Please request nominal charge list from a VFHC Dental Receptionist.

|                              |      |
|------------------------------|------|
| Dental Full or Limited Exam  | \$20 |
| Dental Hygiene Appointment   | \$20 |
| Dental Full Exam with X-Rays | \$45 |

### Medical, Behavioral Health, etc. Nominal Charges:

|                                      |      |
|--------------------------------------|------|
| Visits                               | \$20 |
| Labs In—House                        | \$10 |
| Procedures (See Front Desk for List) | \$75 |
| Immunization Administration          | \$7  |

Note: No patient shall be denied service due to an individual’s inability to pay.