



Dental Sliding Fee Discount

Sliding Fee Scale

Based on Federal Register 2022

Poverty Income Guidelines

Family Size	Income Measure	% of Federal Poverty Income Guidelines				
		Code 0	Code 50	Code 60	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 – \$ 13,590	\$ 13,591 – \$ 20,384	\$ 20,385 – \$ 23,782	\$ 23,783 – \$ 27,180	\$ 27,181 +
	Monthly	\$0 – \$ 1,133	\$ 1,134 – \$ 1,698	\$ 1,699 – \$ 1,981	\$ 1,982 – \$ 2,265	\$ 2,266 +
2	Annual	\$0 – \$ 18,310	\$ 18,311 – \$ 37,464	\$ 27,465 – \$ 32,042	\$ 32,043 – \$ 36,620	\$ 36,621 +
	Monthly	\$0 – \$ 1,526	\$ 1,527 – \$ 2,288	\$ 2,289 – \$ 2,669	\$ 2,670 – \$ 3,052	\$ 3,052 +
3	Annual	\$0 – \$ 23,030	\$ 23,031 – \$ 34,544	\$ 34,545 – \$ 40,302	\$ 40,303 – \$ 46,060	\$ 46,061 +
	Monthly	\$0 – \$ 1,919	\$ 1,920 – \$ 2,878	\$ 2,879 – \$ 3,358	\$ 3,359 – \$ 3,838	\$ 3,839 +
4	Annual	\$0 – \$ 27,750	\$ 27,751 – \$ 41,624	\$ 41,625 – \$ 48,562	\$ 48,563 – \$ 55,500	\$ 55,501 +
	Monthly	\$0 – \$ 2,313	\$ 2,314 – \$ 3,468	\$ 3,469 – \$ 4,046	\$ 4,047 – \$ 4,625	\$ 4,626 +
5	Annual	\$0 – \$ 32,470	\$ 32,471 – \$ 48,704	\$ 48,705 – \$ 56,822	\$ 56,823 – \$ 64,940	\$ 64,941 +
	Monthly	\$0 – \$ 2,706	\$ 2,707 – \$ 4,058	\$ 4,059 – \$ 4,734	\$ 4,735 – \$ 5,412	\$ 5,413 +
6	Annual	\$0 – \$ 37,190	\$ 37,191 – \$ 55,784	\$ 55,785 – \$ 64,082	\$ 65,083 – \$ 74,380	\$ 74,380 +
	Monthly	\$0 – \$ 3,099	\$ 3,100 – \$ 4,648	\$ 4,649 – \$ 5,423	\$ 5,424 – \$ 6,198	\$ 6,198 +
7	Annual	\$0 – \$ 41,910	\$ 41,911 – \$ 62,864	\$ 62,865 – \$ 73,342	\$ 73,343 – \$ 83,820	\$ 83,820 +
	Monthly	\$0 – \$ 3,493	\$ 3,494 – \$ 5,238	\$ 5,239 – \$ 6,111	\$ 6,112 – \$ 6,985	\$ 6,986 +
8	Annual	\$0 – \$ 46,630	\$ 44,631 – \$ 69,944	\$ 69,945 – \$ 81,602	\$ 81,603 – \$ 93,260	\$ 93,261 +
	Monthly	\$0 – \$ 3,886	\$ 3,887 – \$ 5,828	\$ 5,829 – \$ 6,800	\$ 6,800 – \$ 7,772	\$ 7,773 +
*Each additional family member		+ \$4,720 Annual/ + \$393 Monthly	+ \$4,720 Annual/ + \$393 Monthly	+ \$4,720 Annual/ + \$393 Monthly	+ \$4,720 Annual/ + \$393 Monthly	+ \$4,720 Annual/ + \$393 Monthly

Code 0: Nominal Charges

Dental Full or Limited Exam	\$20
Dental Hygiene Appointment	\$20
Dental Full Exam with X-Rays	\$40

Dental Treatment Procedures:
Please request nominal fee list from Receptionist

Sliding Fee Discount Classes

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

Code 50:	Patients pay 50% of fee*
Code 60:	Patients pay 60% of fee*
Code 75:	Patients pay 75% of fee*
Code 100:	Patients are ineligible for discounts; 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 charge is applied.



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	\$40

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.