



Glacier Community Health Center (Glacier CHC) and Glacier Dental Clinic provides access to health care for people who might not otherwise be able to afford it. Healthcare services are not free. However, to ensure that income or lack of insurance are not barriers to care, a sliding fee discount is offered to patients who qualify financially. These discounts are also available as a secondary insurance. Discounts will then apply to the patient's account balance.

Glacier Community Health Center is supported financially by the federal government. Therefore, we are required to ask the following questions. All information will be kept strictly confidential.

I) In what level does your family income fall (1 – 4)?

Find your family size on the left column, then follow that row to your amount of family income; circle the letter at the top of the column.

Sliding Scale Fee Schedule for Primary Medical Care and Dental Care, updated for 2017

Family Size		1		2				3				4	
		A		B		C		D		E		F	
		0%		20%		40%		60%		80%		100%	
		From	To	From	To	From	To	From	To	From	To	From	To
1	Yr	0	12060	12061	15075	15076	18090	18091	21105	21106	24120	24121	and over
	Month	0	1005	1006	1256	1257	1508	1509	1759	1760	2010	2011	and over
	Biwkly	0	464	465	579	580	696	697	812	813	928	929	and over
2	Yr	0	16240	16241	20300	20301	24360	24361	28420	28421	32480	32481	and over
	Month	0	1353	1354	1691	1692	2030	2031	2368	2369	2707	2708	and over
	Biwkly	0	625	626	780	781	937	938	1093	1094	1249	1250	and over
3	Yr	0	20420	20421	25525	25526	30630	30631	35735	35736	40840	40841	and over
	Month	0	1702	1703	2127	2128	2553	2554	2978	2979	3403	3404	and over
	Biwkly	0	785	786	981	982	1178	1179	1374	1375	1571	1572	and over
4	Yr	0	24600	24601	30750	30751	36900	36901	43050	43051	49200	49201	and over
	Month	0	2050	2051	2562	2563	3075	3076	3588	3589	4100	4101	and over
	Biwkly	0	946	947	1182	1183	1419	1420	1656	1657	1892	1893	and over
5	Yr	0	28780	28781	35975	35976	43170	43171	50365	50366	57560	57561	and over
	Month	0	2398	2399	2997	2998	3598	3599	4197	4198	4797	4798	and over
	Biwkly	0	1107	1108	1383	1384	1660	1661	1937	1938	2214	2215	and over
6	Yr	0	32960	32961	41200	41201	49440	49441	57680	57681	65920	65921	and over
	Month	0	2747	2748	3433	3434	4120	4121	4807	4808	5493	5494	and over
	Biwkly	0	1268	1269	1584	1585	1902	1903	2218	2219	2535	2536	and over
7	Yr	0	37140	37141	46425	46426	55710	55711	64995	64996	74280	74281	and over
	Month	0	3095	3096	3868	3869	4643	4644	5416	5417	6190	6191	and over
	Biwkly	0	1428	1429	1785	1786	2143	2144	2500	2501	2857	2858	and over
8	Yr	0	41320	41321	51650	51651	61980	61981	72310	72311	82640	82641	and over
	Month	0	3443	3444	4304	4305	5165	5166	6026	6027	6887	6888	and over
	Biwkly	0	1589	1590	1986	1987	2384	2385	2781	2782	3178	3179	and over

For family units of more than 8 members, add \$4,160 for each additional member.

- Sliding fee applicants:** I understand that the minimum charge for each office visit is \$20. The sliding fee discounts are applied to office visits and minor procedures. The charges for major procedures is a minimum of 50% of the standard costs. **I also understand that GCHC will charge me the full amount for an office visit until my completed Financial Status Worksheet and my proof of income are received.**
- I do not wish to apply for the sliding fee discount program.**

Patient (or Patient's Guardian) Signature

Date