



## Sliding Fee Discount Program (SFDP)

### What can the Sliding Fee Scale Discount do for you?

#### Reduced Medical and Behavioral Health Fees at One Health

You can qualify to receive a simple flat rate and substantially reduced medical/behavioral health 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 SFDP application for any discount that you qualify for. No one will be turned away for their inability to pay. Dermatology has separate nominal fees from medical/behavioral health.

#### Dental Assistance

After an appointment with one of our healthcare providers, if the provider feels you need dental care we will either refer you for dental care at one of our locations including Harlem, Lewistown, Miles City, or Sheridan **OR** if you live in one of our other locations, we can pay up to \$350 per patient per year for exams, cleanings, fillings, and extractions with a contracted provider which is coordinated with the medical team. Separate dental nominal fees will be different than the medical/behavioral health fees.

#### Pharmacy Assistance

Please meet with our pharmacy staff who can discuss options with you for obtaining discounted medications. If we don't have a pharmacy in your location, you may be eligible for additional pharmacy vouchers.

### How do you qualify?

Even if you currently have health insurance, you may still qualify for the Sliding Fee Discount program. To determine if you qualify, you will need to fill out SFDP application at one of our office locations or we have options to provide one electronically upon request. Begin by securely submitting a completed SFDP application and **proof of income or proof of eligibility**, such as, a most recent income tax statement, your last three pay stubs, or even a letter of eligibility for any government payment or assistance, such as Social Security Administration (SSA) benefits, or Temporary Assistance for Needy Families (TANF), to one of our One Health Office Locations.

### Who does my application cover?

Upon successful enrollment in the SFDP, all family members in your household will be covered for one year from the application date if the necessary document(s) to show proof of income or proof of eligibility have been submitted with your completed application. You must renew your enrollment annually to continue to receive SFDP benefits.

### If you need assistance, please contact one of our Personal Resource Specialists (PRS) today.

Ashland	(406) 784-2346		
Chinook	(406) 357-2294		
Glendive	(406) 815-5831	Greybull	(307) 765-1450
Hardin	(406) 665-4103	Lovell	(307) 548-9123
Harlem	(406) 353-4861	Powell	(307) 764-4107
Lewistown	(406) 535-6545	Sheridan	(307) 674-6995
Miles City	(406) 874-8700		



## Sliding Fee Discount Program (SFDP) Medical/Behavioral Health

**2024**

Based on Federal Poverty Guidelines (FPG), released January 17, 2024

Family Size	A Billed \$0	B Billed \$25	C Billed \$35	D Billed \$45	E Billed Full Fee
1	\$0	\$15,061	\$22,591	\$26,336	\$30,121 and above
	\$15,060	\$22,590	\$26,335	\$30,120	
2	\$0	\$20,441	\$30,661	\$35,771	\$40,881 and above
	\$20,440	\$30,660	\$35,770	\$40,880	
3	\$0	\$25,821	\$38,731	\$45,186	\$51,641 and above
	\$25,820	\$38,730	\$45,185	\$51,640	
4	\$0	\$31,201	\$46,801	\$54,601	\$62,401 and above
	\$31,200	\$46,800	\$54,600	\$62,400	
5	\$0	\$36,581	\$54,871	\$64,016	\$73,161 and above
	\$36,580	\$54,870	\$64,015	\$73,160	
6	\$0	\$41,961	\$62,941	\$73,431	\$83,921 and above
	\$41,960	\$62,940	\$73,430	\$83,920	
7	\$0	\$47,341	\$71,011	\$82,846	\$94,681 and above
	\$47,340	\$71,010	\$82,845	\$94,680	
8	\$0	\$52,721	\$79,081	\$92,261	\$105,441 and above
	\$52,720	\$79,080	\$92,260	\$105,440	
Each Additional family member	\$5,381	\$8,070	\$9,435	\$10,760	Above \$10,761
Target Population	Under 100% poverty	101-150% poverty	151-175% poverty	176-200% poverty	Over 200% poverty

Please request dental or dermatology slide information.