

Patient Assistance/Sliding Fee Information

If you are uninsured or private pay, you may be eligible for a sliding fee discount for services from Boundary Community Clinics. See the chart below for household and income levels that may qualify.

Boundary Community Clinics is committed to providing essential medical services regardless of the patient's ability to pay. Discounts are offered based upon family/household size and annual income. A sliding fee schedule is used to calculate the basic discount and is updated each year using the Federal Poverty guidelines. Once approved the discount will be honored for six months, after which the patient may reapply.

What is Covered?

The discount is applied to all **in-office** services supplied by Boundary Community Clinics health care providers, as well as in-office laboratory services. The patient will need to make separate arrangements to pay for services provided outside of Boundary Community Clinics, for example: x-rays, visits to specialists, tests and surgeries performed at the hospital or other hospital care.

How do I Apply?

If your income falls below 200% of the Federal Poverty Guidelines and you do not have health insurance, you may be eligible for assistance with your health care costs. Sliding Fee Applications are available at the Boundary Community Clinics front desk.

Please bring your completed application, along with all required documents, to the Boundary Community Hospital Patient Financial Services (PFS) Office. The Patient Financial Services Department is located in the Administration area on the Ground Floor of the main hospital building.

Questions? Call (208) 267-3141 extension 4244

PFS Office Hours: Monday through Friday 7 am through 4 pm

Annual Income Thresholds by Sliding Fee discount Pay Class and Percent Poverty										
Poverty Level*	100% *		125%		150%		175%		200%	
Family Size	Minimum Fee (\$5)		20% Pay		40% Pay		60% Pay		80% Pay	
1	\$	12,140	\$	15,175	\$	18,210	\$	21,245	\$	24,280
2	\$	16,460	\$	20,575	\$	24,690	\$	28,805	\$	32,920
3	\$	20,780	\$	25,975	\$	31,170	\$	36,365	\$	41,560
4	\$	25,100	\$	31,375	\$	37,650	\$	43,925	\$	50,200
5	\$	29,420	\$	36,775	\$	44,130	\$	51,485	\$	58,840
6	\$	33,740	\$	42,175	\$	50,610	\$	59,045	\$	67,480
7	\$	38,060	\$	47,575	\$	57,090	\$	66,605	\$	76,120
8	\$	42,380	\$	52,975	\$	63,570	\$	74,165	\$	84,760

^{*2018} HHS Poverty Guidelines

Boundary Community Clinics - Sliding Fee Application

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Boundary Community Clinics Use Only		Medicaid Eligibility?	Thru:	Transaction Date:			Description				
					5		Other Income				
	Encounter #(s):	Sliding Fee Discount %:	Dates:	Entered Bv:		Unemployment	Income				
			Effective Dates:			Social Security	Income				
nt):											
						Earnings from Self	Employment				
						Earnings from	Wages				
		Mailing Address:		Phone:			Birth Date				
ent than patie						Relationship	to Head of Household				
Head of Household (if different than patient):	Patient Name:					List ALL	Household Member Names				

arrangements to pay for services provided by Boundary Community Hospital (e.g., X-Rays; visits to Specialists; tests and surgeries performed at the hospital or NOTE: This Sliding Fee Discount program pertains only to those services provided by Boundary Community Clinics. The patient will need to make separate other hospital care). Please attach documentation of income listed on this application along with a copy of your Photo ID (e.g., Drivers License) and a current utility statement or other mail that may confirm your address. Include income from all sources showing gross wages, tips, SSI, Disability Income, Pensions, Annuities, Child Support, etc.. Documentation to support income could include:

Otner appropriate d
W-25
 rederal income Tax Return
Last two consecutive Pay Stubs

ocumentation

"I understand that the Boundary Community Clinics Sliding Fee Discount, if approved, is good for six months from the Effective Date shown above and that any Patient Balance remaining after the discount is applied should be paid promptly."

Date Signed
Signature of Head of Household

To maintain the discount, the patient balance must be paid promptly.

If you are unable to make payment at the time of service, please contact Patient Financial Services at 208-267-3141 ext. 4244 to make arrangements for payment.