

## 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%      | >200%     |
|----------------|-------------------|-----------|-----------|-----------|-----------|-----------|
| Family Size    | Minimum Fee (\$5) | 20% Pay   | 40% Pay   | 60% Pay   | 80% Pay   | 100% Pay  |
| 1              | \$ 13,590         | \$ 16,988 | \$ 20,385 | \$ 23,783 | \$ 27,180 | \$ 27,316 |
| 2              | \$ 18,310         | \$ 22,888 | \$ 27,465 | \$ 32,043 | \$ 36,620 | \$ 36,803 |
| 3              | \$ 23,030         | \$ 28,788 | \$ 34,545 | \$ 40,303 | \$ 46,060 | \$ 46,290 |
| 4              | \$ 27,750         | \$ 34,688 | \$ 41,625 | \$ 48,563 | \$ 55,500 | \$ 55,778 |
| 5              | \$ 32,470         | \$ 40,588 | \$ 48,705 | \$ 56,823 | \$ 64,940 | \$ 65,265 |
| 6              | \$ 37,190         | \$ 46,488 | \$ 55,785 | \$ 65,083 | \$ 74,380 | \$ 74,752 |
| 7              | \$ 41,910         | \$ 52,388 | \$ 62,865 | \$ 73,343 | \$ 83,820 | \$ 84,239 |
| 8              | \$ 46,630         | \$ 58,288 | \$ 69,945 | \$ 81,603 | \$ 93,260 | \$ 93,726 |

\* Based on 2022 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

## Boundary Community Clinics - Sliding Fee Application

|  |  |
|--|--|
| Head of Household (if different than patient): | <b>Boundary Community Clinics Use Only</b>   |
| Patient Name:                                  | <b>Encounter #(s):</b>   |
| Mailing Address:                               | <b>Sliding Fee Discount %:</b> <span style="float: right;"><b>Medicaid Eligibility?</b></span> |
| Phone:   | <b>Effective Dates:</b> <span style="float: right;"><b>Thru:</b></span>                        |
|  | <b>Entered By:</b> <span style="float: right;"><b>Transaction Date:</b></span>                 |

| List ALL Household Member Names | Relationship to Head of Household | Birth Date | Earnings from Wages | Earnings from Self Employment | Social Security Income | Unemployment Income | Other Income | Description |
|---------------------------------|-----------------------------------|------------|---------------------|-------------------------------|------------------------|---------------------|--------------|-------------|
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |
|                                 |                                   |            |                     |                               |                        |                     |              |             |

*NOTE: This Sliding Fee Discount program pertains only to those services provided by Boundary Community Clinics. The patient will need to make separate 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 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:

Last two consecutive Pay Stubs      Federal Income Tax Return      W-2s      Other appropriate documentation

*“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.”*

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date Signed

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.