

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

To calculate your 2024 sliding fee discount, use your family size and annual income

| Family Size | Annual Income | | | | | |
|-------------|---------------|---------|---------|---------|---------|----------|
| | 1 | 15060 | 18825 | 22590 | 26355 | 30120 |
| 2 | 20440 | 25550 | 30660 | 35770 | 40880 | 40881 |
| 3 | 25820 | 32275 | 38730 | 45185 | 51640 | 51641 |
| 4 | 31200 | 39000 | 46800 | 54600 | 62400 | 62401 |
| 5 | 36580 | 45725 | 54870 | 64015 | 73160 | 73161 |
| 6 | 41960 | 52450 | 62940 | 73430 | 83920 | 83921 |
| 7 | 47340 | 59175 | 71010 | 82845 | 94680 | 94681 |
| 8 | 52720 | 65900 | 79080 | 92260 | 105440 | 105441 |
| Sliding Fee | Pay \$5.00 | Pay 20% | Pay 40% | Pay 60% | Pay 80% | Pay 100% |

* Based on 2024 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

