BOUNDARY Community Clinics
a division of Boundary Community Hospital

SLIDING FEE DISCOUNT PROGRAM (SFDP)
PATIENT ASSISTANCE INFORMATION

All patients seeking healthcare services at Boundary Community Clinics (BCC) are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

Boundary Community Clinics will offer a Sliding Fee Discount Program (SFDP) to all who are unable to pay for their services based on annual income and household size. BCC will not discriminate on the basis of an individual's ability to pay, or whether payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). The Federal Poverty Guidelines are used in creating and annually updating the slide fee schedule to determine eligibility. The chart here details the percentage that a patient would be responsible for based on household income and family size.

If approved, the discount will remain active for the remainder of the calendar year, after which you may reapply for the following year.

How to Apply

If your household income is below 300% of the Federal Poverty Guidelines, you may qualify for our SFDP. SFDP Applications are available at the clinic front desk or through the Hospital's Patient Financial Services (PFS) office. The discount will apply to all services received at BCC, but not those services or equipment purchased from outside, including lab testing, x-rays and interpretations, and other services not performed inside the clinic. You would need to complete those provider's SFDP application.

Submit your completed application and required documentation to the PFS Office at Boundary Community Hospital, located in the Administration area on the Ground Floor of the main hospital building.

Questions

Call (208) 267-3141 ext. 4295 Monday – Friday, 8:00 AM – 4:00 PM

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)
Household Annual Salary in Regard to Federal Poverty Level

Household/ Family Size	Federal Poverty Level	up to 150% FPL	151% to 200% FPL	201% to 250% FPL	251% to 300% FPL	301% and over FPL
1	$15,960.00	$0.00 - $23,940.00	$23,940.01 - $31,920.00	$31,920.01 - $39,900.00	$39,900.01 - $47,880.00	$47,880.01
2	$21,640.00	$0.00 - $32,460.00	$32,460.01 - $43,280.00	$43,280.01 - $54,100.00	$54,100.01 - $64,920.00	$64,920.01
3	$27,320.00	$0.00 - $40,980.00	$40,980.01 - $54,640.00	$54,640.01 - $68,300.00	$68,300.01 - $81,960.00	$811960.01
4	$33,000.00	$0.00 - $49,500.00	$49,500.01 - $66,000.00	$66,000.01 - $82,500.00	$82,500.01 - $99,000.00	$99,000.01
5	$38,680.00	$0.00 - $58,020.00	$58,020.01 - $77,360.00	$77,360.01 - $96,700.00	$96,70.01 - $116,040.00	$116,040.01
6	$44,360.00	$0.00 - $66,540.00	$66,540.01 - $88,720.00	$88,720.01 - $110,900.00	$110,900.01 - $133,080.00	$133,080.01
7	$50,040.00	$0.00 - $75,060.00	$75,060.01 - $100,080.00	$100,080.01 - $125,100.00	$125,100.01 - $150,120.00	$150,120.01
8	$55,720.00	$0.00 - $83,580.00	$83,580.01 - $111,440.00	$111,440.01 - $139,300.00	$139,300.01 - $167,160.00	$167,160.01
9	$61,400.00	$0.00 - $92,100.00	$92,100.01 - $122,800.00	$122,800.01 - $153,500.00	$153,500.01 - $184,200.00	$184,200.01
10	$67,080.00	$0.00 - $100,620.00	$100,620.01 - $134,160.00	$134,160.01 - $167,700.00	$167,700.01 - $201,240.00	$201,240.01
Sliding Fee Discount		**100%**	**75%**	**50%**	**25%**	**0%**
Your Portion		**FREE**	**Pay 25%**	**Pay 50%**	**Pay 75%**	**Pay 100%**

*Based on the 2026 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia.

❖ 6641 Kaniksu Street, Bonners Ferry, ID 83805 ❖ Phone: (208) 267-3655 ❖ Fax: (208) 267-3757 ❖ www.boundarycommunityhospital.org/clinics

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SLIDING FEE DISCOUNT PROGRAM (SFDP) APPLICATION

Patient Name:	**Phone:**
Full Mailing Address:	

It is the policy of Boundary Community Clinics (BCC) to provide essential services regardless of the patient's ability to pay. BCC offers discounts based on family size and annual income. Please complete the following information and return to the front desk or patient financial services (located in the admin hallway of the hospital) to determine if you or members of your family are eligible for a discount.

BCC Use Only	
Encounter #s:	
Sliding Fee Discount %	Medicaid Eligible?
Effective Date:	Thru:
Entered By:	Transaction Date:

Household Members: **Please include ALL sources of income for your household**

LIST ALL Household Member Name	Relationship to Head of Household	Birth Date	Gross wages, salaries, tips, etc.	Earnings from business & self-employment	Unemployment, worker's comp, Social Security, Veterans', Supplemental Security Income, survivor benefits, pension, retirement income	Interest, dividends, royalites,
	SELF					

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 or equipment provided by Boundary Community Hospital (Labs, Diagnostics, Specialists, tests/surgeries performed at the hospital or other hospital care) or other facilities. ***This form must be completed every calendar year or if your financial situation changes.***

Please attach the following documentation of income along with a copy of your photo ID (Drivers' License/State ID) and current utility bill confirming address.

☐ Photo ID ☐ Utility Bill ☐ Federal Income Tax Return OR ☐ Last 2 consecutive pay stubs OR ☐ Other appropriate documentation

I understand that the Boundary Community Clinics SFDP, if approved, is good for the calendar year from the effective date as listed above and that any patient balance remaining after the discount is applied should be paid at time of service.

_____ _____

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 X4295 to make payment arrangements.

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PFS MANAGER REVIEW & APPROVAL: _____ DATE: _____ CFO REVIEW & APPROVAL: _____ DATE: _____