

# Sliding Fee Program

The Sliding Fee Program allows us to reduce or “slide” the fees for the care you or your family receive at any of the Northwest Michigan Health Services locations. You can apply for the program if you do not have insurance or if you do have insurance and need assistance to help pay for your care.

If you decide to apply, your eligibility is based on two things:

1. How much income you or your family makes
2. How many people are in your household

If you qualify for the Program, the amount you owe for your visit will be reduced according to the discount schedule.

## How to Apply

It is best to apply for the Sliding Fee Program at the time of your first visit to the health center. The front desk can give you the form to fill out.

**You will need to provide “proof” of your income through one of these ways;**

1. **Income Tax Return, or**
2. **W-2, or**
3. **3 recent pay stubs**

If you qualify for the Sliding Fee Program, you will pay the nominal fee listed below for most medical, dental or behavioral health services. An exception to this is cosmetic dental procedures or dental procedures requiring outside lab work. There may also be additional fees for outside lab services. If you have questions about fees or covered services, please ask.

### **Annual Income Sliding Fee Program Effective March 15, 2025**

Family Size	Plan A Nominal Fee <b>You will pay:</b> Medical \$20 Dental \$30		Plan B Nominal Fee <b>You will pay:</b> Medical \$30 Dental \$40		Plan C Nominal Fee <b>You will pay:</b> Medical \$40 Dental \$55		Plan D Nominal Fee <b>You will pay:</b> Medical \$55 Dental \$75		Plan E <b>Full Fee</b> (Patient Pays 100%)
	Household Income		Household Income		Household Income		Household Income		Household Income
1	\$0	\$15,650	\$15,651	\$23,475	\$23,476	\$28,953	\$28,954	\$31,300	greater than \$31,300
2	\$0	\$21,150	\$21,151	\$31,725	\$31,726	\$39,128	\$39,129	\$42,300	greater than \$42,300
3	\$0	\$26,650	\$26,651	\$39,975	\$39,976	\$49,303	\$49,304	\$53,300	greater than \$53,300
4	\$0	\$32,150	\$32,151	\$48,225	\$48,226	\$59,478	\$59,479	\$64,300	greater than \$64,300
5	\$0	\$37,650	\$37,651	\$56,475	\$56,476	\$69,653	\$69,654	\$75,300	greater than \$75,300
6	\$0	\$43,150	\$43,151	\$64,725	\$64,726	\$79,828	\$79,829	\$86,300	greater than \$86,300
7	\$0	\$48,650	\$48,651	\$72,975	\$72,976	\$90,003	\$90,004	\$97,300	greater than \$97,300
8	\$0	\$54,150	\$54,151	\$81,225	\$81,226	\$100,178	\$100,179	\$108,300	greater than \$108,300

\*For family household units of more than 8 members, add \$5,500 per annual per additional person. Effective 3/15/25