

Sliding Fee Discount Program



Our Purpose

Rural Health Group believes that access to health care is a fundamental right that should not be limited by an individual's ability to pay. It is the intent and purpose of RHG's sliding fee program to guarantee that all patients have access to quality medical care, regardless of their ability to pay for such services. Inability to pay is defined as those patients with annual household income of 200% and below the federal poverty level.

Request for Discount

Patients, family members, case managers or other staff can request discount services. Patients may apply for the sliding fee discount program regardless of insurance status.

Verify Your Income

Must provide one of the following:

- Most recent W-2's
- Most recent pay stub(s)
- Social Security Letter
- Bank statements showing income
- Letter from employer
- Form 4506-T (if W-2 not filed)

Self employed individuals will be required to submit income and expenses for the most recent two months of business.

Application Completion

The patient/responsible party must complete the Sliding Fee application entirely. By signing the application, this person authorizes RHG access to confirm income as disclosed on the application form. Failure to complete the application and/or provide income information within 30 days disqualifies the patient from receiving service discounts.

Who is Eligible?

Discounts will be available for families that fall within 200% of the federal poverty level.

**Sliding Fee Discount Scale
2021 Federal Poverty Guidelines
Patient Responsibility of Total Charges**

Percentage of Federal Income Guidelines	A 0% - 100% (Nominal Fee)	B 101% - 133%	C 134% - 166%	D 167% - 200%
Medical Flat Fee Per Visit	\$10.00	\$15.00	\$20.00	\$25.00
Dental Preventive Services	\$35.00	\$40.00	\$45.00	\$50.00
Dental Additional Services	\$100.00	30%	35%	40%
Household Size				
1	\$ 0 - \$12,880	\$12,881 - \$17,130	\$17,131 - \$21,381	\$21,382 - \$25,760
2	\$ 0 - \$17,420	\$17,421 - \$23,169	\$23,170 - \$28,917	\$28,918 - \$34,840
3	\$ 0 - \$21,960	\$21,961 - \$29,207	\$29,208 - \$36,454	\$36,455 - \$43,920
4	\$ 0 - \$26,500	\$26,501 - \$35,245	\$35,246 - \$43,990	\$43,991 - \$53,000
5	\$ 0 - \$31,040	\$31,041 - \$41,283	\$41,284 - \$51,526	\$51,527 - \$62,080
6	\$ 0 - \$35,580	\$35,581 - \$47,321	\$47,322 - \$59,063	\$59,064 - \$71,160
7	\$ 0 - \$40,120	\$40,121 - \$53,360	\$53,361 - \$66,599	\$66,600 - \$80,240
8	\$ 0 - \$44,660	\$44,661 - \$59,398	\$59,399 - \$74,136	\$74,137 - \$89,320
For more than 8 persons	Add \$4,540 / person	Add \$6,038 / person	Add \$7,536 / person	Add \$9,080 / person

For more information, visit: www.rhgnc.org/patients