

# 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 Discount 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 specifically defined as those patients with annual household income of 200% and below the federal poverty guidelines.

## 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 patients whose household size and income fall within 200% of the federal poverty guidelines.

**Sliding Fee Discount Program Scale  
2025 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/Behavioral 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	\$50	30% [min. nominal fee+\$1]	35% [min. scale B+\$1]	40% [min. scale C+\$1]
Household Size				
1	\$ 0 - \$15,650	\$15,651 - \$20,815	\$20,816 - \$25,979	\$25,980 - \$31,300
2	\$ 0 - \$21,150	\$21,151 - \$28,130	\$28,131 - \$35,109	\$35,110 - \$42,300
3	\$ 0 - \$26,650	\$26,651 - \$35,445	\$35,446 - \$44,239	\$44,240 - \$53,300
4	\$ 0 - \$32,150	\$32,151 - \$42,760	\$42,761 - \$53,369	\$53,370 - \$64,300
5	\$ 0 - \$37,650	\$37,651 - \$50,075	\$50,076 - \$62,499	\$62,500 - \$75,300
6	\$ 0 - \$43,150	\$43,151 - \$57,390	\$57,391 - \$71,629	\$71,630 - \$86,300
7	\$ 0 - \$48,650	\$48,651 - \$64,705	\$64,706 - \$80,759	\$80,760 - \$97,300
8	\$ 0 - \$54,150	\$54,151 - \$72,020	\$72,021 - \$89,889	\$89,890 - \$108,300
For more than 8 persons	Add \$5,500 / person	Add \$7,315 / person	Add \$9,130 / person	Add \$11,000/person

For more than 8 family members, add these amounts for each additional person to determine 100% of the FPG for that family size

For more information, visit: [www.rhgc.org/patients](http://www.rhgc.org/patients)