



Upper Peninsula Association of Rural Health Services, Inc.

Northern Menominee Health Center
P.O. Box 159, Spalding, MI 49886
(906) 497-5263 • (800) 270-2905

Ewen Medical-Dental Center
P.O. Box 260, Ewen, MI 49925
(906) 988-2210 • (800) 270-2904

West Mackinac Dental Center
P.O. Box 249, Engadine, MI 49827
(906) 477-6090

Quincy Hill CHC
51024 Hwy US 41, Hancock, MI 49930
(906) 483-2358

NMHC South
805 1st St., Menominee, MI 49858
(906) 863-2315

Dickinson-Iron Dental Center
211 S. 4th St., Suite B
Crystal Falls, MI 49920
(906) 875-6133

Sawyer Dental Center
301 Explorer, Ste. B, Gwinn, MI 49841
(906) 372-9267

Marquette/Alger CHC
700 West Washington St.
Marquette, MI 49855
(906) 228-8238

The Sliding Fee Program — KEEP FOR REFERENCE

When you apply for our discounted rate according to the sliding fee program, there are a few things you will want to keep in mind.

- 1) When you apply for our discounted rate, *payment is expected at the time of service.*
- 2) Sliding fee may be approved for three (3) months, six (6) months or one year. Unless told otherwise, you must re-apply every April and bring proof of income. Proof of income may include tax returns, W-2 forms, current paycheck stubs, statement of unemployment services, SSI statement, etc. You may be requested to provide further verification of income at any time. Applicants claiming zero or negative/unusual net incomes will be required to meet with the Clinic Manager.
- 3) If your income increases or decreases, notify the health center immediately to allow for a modification of your rate, if appropriate.
- 4) Patients eligible for a 0% sliding fee are required to bring in verification of Medicaid rejection before sliding fee can be applied. Children under age 18 must be enrolled in the State MICHild insurance program if not covered by other insurance. Women ages 19–44 must be enrolled in the Plan First program.
- 5) All applicable insurance must be billed before sliding fee can be applied. The health center will initially bill your insurance. However, if you are covered by a private third party insurer (other than Medicaid, Medicare, and Blue Cross), and your insurance has not paid, you **will be billed** for the total charges. Sliding fee will not be applied until your insurance pays or rejects the claim.
- 6) All unpaid accounts are subject to our collection policy. We will review all past due balances and payment arrangement prior to approval of your sliding fee application.
- 7) The U.P. Association of Rural Health Services reserves the right to deny sliding fee.

Services Covered

MEDICAL

Minimum Co-Pay – The minimum co-pay for medical expenses is \$10.00 if no laboratory is required; if lab services are required the minimum co-pay is \$18.00. Most medical services provided at the clinic are covered by sliding fee. Services include office visits, laboratory, EKG where it is available. Total visit charges of more than \$250.00 require higher co-pays. Higher co-pays are defined on back side of this form.

The minimum co-pay for laboratory services (urine samples, blood work, strep tests, etc.) is \$15.00.

Hospital – Only the physician's visit charge at the hospital, nursing home or patient's home is covered by sliding fee.

Non-Covered Services – Medical procedures performed for cosmetic reasons or are considered not medically necessary are not covered by sliding fee.

X-RAY

The clinic will pay the hospital \$25.00 toward a patient’s x-ray if it is ordered by one of our providers. The hospital will bill the clinic for the \$25.00, and the hospital will collect the balance from the patient. The clinic will not pay for any portion of the Radiologist fees for reading the x-rays.

PHARMACY

Prescriptions – There is a minimum \$10.00 co-pay on each prescription regardless of the percentage discount determined. A maximum discount of 50% is available on prescriptions. The discount is available to applicants in the 0%, 20%, and 40% sliding fee categories. Prescriptions will be filled as a 30-day supply. There are a few specific drugs that will be filled as a 90-day supply. Only prescriptions written by UPARHS medical providers are eligible for the sliding fee discount. If a UPARHS medical provider refers a patient to a specialist, only the first-time prescription(s) and the associated refills from that prescription will be eligible for the sliding fee discount.

DENTAL

Minimum Co-Pay – The minimum co-pay is \$20.00 for services with a total cost of \$250.00 or less. Total visit charges of more than \$250.00 require higher co-pays. Higher co-pays are defined below.

For procedures requiring the use of an outside dental lab (for example, crowns and dentures), 0% sliding fee patients will pay 50% of the total charge. Other sliding fee patients will pay 50% plus the remaining balance adjusted according to their sliding fee. If you have any questions please speak to the Clinic Manager.

NOTE

Half of the charge for any service involving a lab charge must be paid prior to the beginning of the work and paid in full upon completion of the service.

NON-COVERED SERVICES

Dental procedures performed for cosmetic reasons (for example, bleaching and bonding) are not covered by sliding fee.

HIGHER CO-PAYS for Medical and Dental Services – For single or multiple services provided on the same visit with a combined cost of:

| | | |
|------------------------------|--|----------|
| \$250.00 to \$300.00 | The minimum co-pay is | \$30.00 |
| \$301.00 to \$350.00 | The minimum co-pay is | \$40.00 |
| \$351.00 to \$400.00 | The minimum co-pay is | \$50.00 |
| \$401.00 to \$450.00 | The minimum co-pay is | \$75.00 |
| \$451.00 to \$500.00 | The minimum co-pay is | \$100.00 |
| \$501.00 and over | The minimum co-pay is 50% of all charges | |

PLEASE KEEP IN MIND THAT YOU MUST RE-APPLY FOR SLIDING FEE **EACH** APRIL OR IF YOU HAVE A CHANGE IN YOUR INCOME LEVEL.