

Southwest Montana Community Health Center
Sliding Fee Schedule - Effective February 1, 2024
Based on Federal Poverty Guidelines (FPG) guidelines published January 2024

Family Size	A Nominal Fee		B 80% Discount Pay 20%		C 65% Discount Pay 35%		D 50% Discount Pay 50%		E 35% Discount Pay 65%		F No Discount Pay 100%		Pharmacy Discounts	
	FPG <= 100%		FPG 101%-125%		FPG 126%-150%		FPG 151%-175%		FPG 176%-200%		FPG > 200%		201% - 299%	300% and up
	From	To	From	To	From	To	From	To	From	To	From	To		
1	\$0	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121	And over	\$30,121	\$45,180
2	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881	And over	\$40,881	\$61,320
3	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641	And over	\$51,641	\$77,460
4	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401	And over	\$62,401	\$93,600
5	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161	And over	\$73,161	\$109,740
6	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921	And over	\$83,921	\$125,880
7	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681	And over	\$94,681	\$142,020
8	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441	And over	\$105,441	\$158,160
9	\$0	\$58,100	\$58,101	\$72,625	\$72,626	\$87,150	\$87,151	\$101,675	\$101,676	\$116,200	\$116,201	And over	\$116,201	\$174,300
10	\$0	\$63,480	\$63,481	\$79,350	\$79,351	\$95,220	\$95,221	\$111,090	\$111,091	\$126,960	\$126,961	And over	\$126,961	\$190,440

All people will have access to health care regardless of their ability to pay. Please let us know how we can assist you.

Each Column represents the annual household income.

SWMTCHC Nominal Fee is column A

Medical nominal fee is \$10.00

Behavioral Health nominal fee is \$10.00

Dental nominal fee is \$40.00 *

When patient falls into column B, C, D, E, they receive a discount of 80, 65, 50, or 35% off of the full charge in each of the corresponding categories.* The charges for patients in categories B,C,D,E will not be discounted below the nominal fee.

Patient pays 100% of the full charges if they are in column F. We can set up a payment plan for any patient who requests one.

Slide applies to services provided. Medications, labs, and equipment **do not** qualify for slide, but are offered at reduced rates.

* Major Dental Procedures may include an additional Lab Charge.