

## Sawtooth Mountain Clinic Sliding Fee Scale Program

### What is Sawtooth Mountain Clinic’s Sliding Fee Scale Program?

The Sliding Fee Scale program is a Federal program that permits Sawtooth Mountain Clinic to reduce the normal costs of medical, dental, mental health, and other services for patients who qualify. All patients are encouraged to apply for the Sliding Fee Scale program, whether or not they have insurance and regardless of immigration status. Eligibility for the Sliding Fee Scale program is based on:

- The number of people who live in your home (spouse, children, dependents)
- The amount of money earned by the people in the home

### How can the Sliding Fee Scale program help you?

The program reduces your cost for visits to Sawtooth Mountain Clinic, as well as for the following services (see next page for specific service providers):

- Pharmacy
- Lab & X-ray
- Dental
- Vision

The Sliding Fee Scale program also reduces costs for the following **with a referral from your Provider**:

- Physical Therapy
- Occupational Therapy
- Mental/Behavioral Health
- Hearing Aids
- Initial Consultation Visit with a Specialist

### How much will I pay for services if I am on the Sliding Fee Scale program?

How much you pay for services depends on your Sliding Fee Scale patient pay level and what services you have done and can be found on page three. Sawtooth Mountain Clinic staff make the final determination on your level using the information you provide in your application. The following chart will help you determine what level you qualify for in the program:

Family size	Level A	Level B	Level C	Level D	Patient pays 100% of charge
1	0-12,880	12,881-17,173	17,174-21,467	21,468-25,760	25,761+
2	0-17,420	17,421-23,227	23,228-29,033	29,034-34,840	34,841+
3	0-21,960	21,961-29,280	29,281-36,600	36,601-43,920	43,921+
4	0-26,500	26,501-35,333	35,334-44,167	44,168-53,000	53,001+
5	0-31,040	31,041-41,387	41,388-51,733	51,734-62,080	62,081+
6	0-35,580	35,581-47,440	47,441-59,300	59,301-71,160	71,161+
7	0-40,120	40,121-53,493	53,494-66,867	66,868-80,240	80,241+
8	0-44,660	44,661-59,547	59,548-74,433	74,434-89,320	89,321+

### How do I apply for the program?

Applying for the Sliding Fee Scale program is easy! Just pick up an application, fill it out, and return it to the clinic with proof of your income. Staff will review your application and determine if you qualify for the program and at what level.

### Proof of Income

In order to qualify for the Sliding Fee Scale program, you will need to provide information about your family and your income. The proof of income must be returned to Sawtooth Mountain Clinic within 30 days of submitting the completed application. If you do not provide proof of income, your Sliding Fee Scale eligibility will end. **If you file taxes, we will need a copy of your 1040.** If you do not file taxes, contact the Sliding Fee Scale Program coordinator for assistance.

### **How long do I stay on the Sliding Fee Scale program once I am approved?**

Enrollment in the Sliding Fee Scale program is good from June 1<sup>st</sup> of a given year to the following May 31<sup>st</sup>. All participants need to reapply and update their income each spring in order to remain on the program. If you have changes during the year with your household size and/or insurance coverage, please contact Sawtooth Mountain Clinic and ask to speak to the Sliding Fee Scale Program coordinator.

### **Once my application is approved, what exactly will the Sliding Scale program cover?**

**CT Scan:** When done at North Shore Health Hospital and ordered by a SMC provider

**Consultation (Initial outpatient):** When a referral is made by a Sawtooth Mountain Clinic Provider

**Dental:** For medically necessary services provided by Grand Marais Family Dentistry

**Laboratory tests:** At North Shore Health Hospital, must be ordered by a SMC Provider

**Mental health/Behavioral Health Services:** With a referral from a Sawtooth Mountain Clinic Provider, visits may be scheduled with Kelly Senty, MS at Steps of Change or Sherri Moe, MS MFT PC

**MRI:** with Mobile Unit available at North Shore Health Hospital, when ordered by an SMC Provider

**Physical and Occupational Therapy:** At North Shore Health Hospital or with Becky Stoner, PT at the Grand Marais Wellness Center; PT and OT must be ordered by a SMC Provider.

**Prescription drugs:** Prescriptions obtained at the Sawtooth Mountain Clinic Pharmacy in Grand Marais and Essentia Health Clinic in Silver Bay are covered when a Sawtooth Mountain Clinic Provider writes the prescription. **Prescriptions are not covered** if they are written for items available over-the-counter, except for diabetic supplies – these are covered with a written prescription (yearly) from one of Sawtooth Mountain Clinic's providers.

**Primary health care services:** Must see a provider or nurse at SMC

**X-ray and diagnostic tests:** At North Shore Health Hospital, must be ordered by a SMC Provider

**Vision Care:** Basic vision exams up to twice per year as necessary when performed by St. Luke's Ophthalmology Associates. Sliding Fee Scale will **NOT** cover eyeglasses or contact lenses.

**Hearing Aid Assistance:** For the purchase of hearing aids when arranged through hearing providers visiting SMC; assistance will be reviewed on a case by case basis and must be pre-approved

**THE SLIDING FEE SCALE PROGRAM DOES NOT COVER** emergency room, cardiac rehab, supplies, IV therapy, in-patient or observation at the hospital, nursing home charges or prescriptions while in the North Shore Health Care Center, or as an in-patient. Cook County North Shore Health Hospital does have a Community Care program available for patients who qualify.

### **How does billing work?**

Sawtooth Mountain Clinic will bill your insurance (if any). After insurance has been processed, you will be responsible for the amount after the Sliding Fee Scale is applied to the total charge. You will then be billed by Sawtooth Mountain Clinic for what you owe. See the Sliding Fee Scale Benefits by Service page for additional details.

The terms and limitations of the Sliding Fee Scale program are subject to change at any time.

If you need translation assistance, interpretive services are available in any language.

**For more information about the Sliding Fee Scale program, please contact Sawtooth Mountain Clinic at 218-387-2330 and ask for Karen Katsmedas at ext. 113.**

### Sliding Fee Scale Benefits by Service

<b>Medical, Behavioral Health, and Other Approved Services Except Pharmacy and Dental - Sliding Fee Scale</b>				
	Slide A	Slide B	Slide C	Slide D
All Clinic Charges	0% of charge	10% of charge	15% of charge	20% of charge

\*Please note that for each level there is a minimum fee charged per appointment: a nominal \$5 fee for Level A and more than the nominal fee for B, C, & D Levels

<b>Pharmacy Sliding Fee Scale - Uninsured Patients</b>				
	Slide A	Slide B	Slide C	Slide D
30 day supply	Acquisition Cost + \$5	Acquisition Cost + \$10	Acquisition Cost + \$15	Acquisition Cost + \$20
90 day supply	Acquisition Cost + \$8	Acquisition Cost + \$15	Acquisition Cost + \$20	Acquisition Cost + \$25
Narcotics	Acquisition Cost + \$15	Acquisition Cost + \$20	Acquisition Cost + \$25	Acquisition Cost + \$30

  

<b>Pharmacy Sliding Fee Scale Patients with Insurance Copays over \$30</b>				
	5% of copay in excess of \$30	10% of copay in excess of \$30	15% of copay in excess of \$30	20% of copay in excess of \$30
All prescriptions				

<b>Dental Services Sliding Fee Scale</b>					
	Slide A	Slide B	Slide C	Slide D	
<b>Category 1 Services</b>	Exams, basic dental screenings and recommendations for preventative intervention	0%	10%	15%	20%
	Prophylaxis (cleanings)	0%	10%	15%	20%
	Periodontal maintenance (cleanings when gum disease is present)	0%	10%	15%	20%
	Topical application of fluorides and the prescription of fluoride for the systemic use when not available in the water supply	0%	10%	15%	20%
	X-rays	0%	10%	15%	20%
	Sealants	0%	10%	15%	20%
<b>Category 2 Services</b>	Restorative (fillings)	10%	20%	30%	40%
	Root canals of anterior (front) and pre-molar teeth	10%	20%	30%	40%
	Scaling and root planing (cleaning of calculus below the gumline - requires local anesthesia)	10%	20%	30%	40%
	Extractions	10%	20%	30%	40%
<b>Category 3 Services</b>	Root canals of posterior (molar) teeth	40%	50%	60%	70%
	Crowns	40%	50%	60%	70%
	Partials	40%	50%	60%	70%
	Dentures	40%	50%	60%	70%
	Reline Dentures, Occlusal guard, Athlete Multiguard, Aire Ease (sleep apnea)	40%	50%	60%	70%
<b>Category 4 Services</b>	Bridges	50%	60%	70%	80%

\*Please note that for each level there is a minimum fee charged per appointment: a nominal \$5 fee for Level A and more than the nominal fee for B, C, & D Levels

\*\*Category 3 & 4 services require a 50% pre-payment by the patient to Grand Marais Family Dentistry