

WHO CAN APPLY? AM I ELIGIBLE?

Anyone can apply. Eligibility is based on family size and income for those at or below 200% Federal Poverty Level.

WHAT SERVICES ARE COVERED?

The following services are covered under the Sliding Fee discount program:

- Audiology
- Basic Dental
- Behavioral Health
- CareConnect
- Dental Appliances
- Dental Supplies
- Complete Pair of Glasses
- Hearing Aids
- Lab & Radiology
- MAT Individual & Group Counseling
- Medical
- Prescriptions
- Psych Testing
- Surgical
- Vision

WHAT DO PARTICIPANTS PAY?

PER VISIT: Participants in Slide A pay the greater of the discounted charge or the nominal fee. Those in Slide B, C and D pay an established fee.

PER SERVICE: All participants receive a discount based on payment class category. At the time of service, they will pay the greater of the nominal fee or the discounted charge. (The percentage of discount for each payment class is reflected on the scale.)

WHEN AND WHAT AM I EXPECTED TO PAY?

Find where you fall on the scale. Once you locate your Slide (A, B, C or D), you will see the amount expected at the time of service as you move down the chart.

HOW CAN I APPLY?

Download a paper application from valleyhealth.org or ask the receptionist at any health center. Complete the application and submit it at your local health center, making sure to include income verification documents. If you have no proof of income, send a Self Declaration letter that you receive no income.

TIPS ON FILLING OUT THE APPLICATION

Supporting documents that can be used to verify your income include:

- One month of most recent paycheck stubs or a signed letter from employer with earnings included
- One unemployment stub
- Government assistance statement
- Proof of alimony
- Denials from other assistance programs
- W-2, 1040 tax form

HOW WILL I KNOW IF MY APPLICATION IS APPROVED?

If approved, you will receive a letter and sliding fee card in the mail. Any charges incurred at Valley Health during the three months prior to the approval day will be adjusted. If a patient experiences changes in their income status prior to their application expiration they should update their information on file. Approved applications expire yearly.

Patient Discounts under the SLIDING FEE DISCOUNT PROGRAM are available at all our health centers and pharmacies.

| | |
|--|--------------|
| 10th Street Huntington, WV | 304.399.3366 |
| A Woman's Place Huntington, WV | 304.697.2014 |
| Coal Grove Coal Grove, OH | 740.532.1188 |
| Diagnostics (Lab) Huntington, WV | 304.525.0573 |
| Ear, Nose and Throat Huntington, WV | 304.522.6388 |
| East Huntington Huntington, WV | 304.399.3310 |
| East Huntington Pharmacy Huntington, WV | 304.525.4112 |
| At FoodFair Barboursville, WV | 304.399.3350 |
| Fort Gay Fort Gay, WV | 304.648.5544 |
| Gallipolis Ferry Gallipolis Ferry, WV | 304.675.5725 |
| Harts Harts, WV | 304.855.4595 |
| Highlawn Huntington, WV | 304.781.5138 |
| Huntington Huntington, WV | 304.525.0572 |
| Huntington Pharmacy Huntington, WV | 304.399.3355 |
| Hurricane Hurricane, WV | 304.760.6040 |
| Kidcare Charleston, WV | 304.925.0392 |
| Milton Milton, WV | 304.743.1407 |
| Milton Pharmacy Milton, WV | 304.781.5011 |
| Oakwood Road Charleston, WV | 304.352.1191 |
| Point Pleasant Pediatrics Pt. Pleasant, WV | 304.675.4107 |
| Southside Huntington, WV | 304.529.0645 |
| Steptown Kermit, WV | 304.393.4090 |
| Teays Pediatrics Scott Depot, WV | 304.757.8803 |
| Teays Valley Teays Valley, WV | 304.757.8683 |
| Upper Kanawha Cedar Grove, WV | 304.595.1770 |
| Wayne Wayne, WV | 304.272.5136 |
| Wayne Pharmacy Wayne, WV | 304.399.3341 |
| Westmoreland Huntington, WV | 304.781.5800 |
| Woodruff & Gonzales Huntington, WV | 304.529.6060 |

Our sliding fee program is also available at the following school-based health centers:

Cabell Midland, Harts Intermediate, Huntington High, Southside Elementary/Huntington Middle, Spring Valley & Wayne High.

PATIENT DISCOUNTS

FIND OUT ABOUT HOW YOU CAN SAVE WHEN YOU USE OUR SERVICES



Have questions? Call 304.697.1396

UPDATED 3.2022

valleyhealth.org

Find Your Discount Level

Match family size and family income range to determine Sliding Fee discount level. Patients pay the greater of the discounted charge or the nominal fee.

SLIDE A

| Size | Income Level | Size | Income Level |
|------|--------------|------|--------------|
| 1 | ≤ - \$13,590 | 5 | ≤ - \$32,470 |
| 2 | ≤ - \$18,310 | 6 | ≤ - \$37,190 |
| 3 | ≤ - \$23,030 | 7 | ≤ - \$41,910 |
| 4 | ≤ - \$27,750 | 8 | ≤ - \$46,630 |

The amount you pay:

VISIT FEES

MAT Individual & Group Counseling **\$5**
 Medical, Behavioral, Lab & Radiology, Audiology **\$20**
 Vision **\$50**
 Basic Dental & Psych Testing **\$85**
 Surgical **\$100**

OTHER SERVICES

CareConnect **\$1**
 Prescriptions:
\$4 or **50%** off (VH Patient)
\$4 or **30%** off (Public)
 Dental Supplies **\$15** or **30%** off
 Glasses (excludes contacts) **\$39** or **50%** off
 Dental Appliances **\$500** or **30%** off
 Hearing Aids (excludes batteries) **\$500** or **40%** off

SLIDE B

| Size | Income Level | Size | Income Level |
|------|-----------------|------|-----------------|
| 1 | \$13,591-18,075 | 5 | \$32,471-43,185 |
| 2 | \$18,311-24,352 | 6 | \$37,191-49,463 |
| 3 | \$23,031-30,630 | 7 | \$41,911-55,740 |
| 4 | \$27,751-36,908 | 8 | \$46,631-62,018 |

The amount you pay:

VISIT FEES

MAT Individual & Group Counseling **\$6**
 Medical, Behavioral, Lab & Radiology, Audiology **\$40**
 Vision **\$60**
 Basic Dental & Psych Testing **\$90**
 Surgical **\$200**

OTHER SERVICES

CareConnect **\$1.25**
 Prescriptions:
40% off (VH Patient)
25% off (Public)
 Dental Supplies **25%** off
 Glasses (excludes contacts) **40%** off
 Dental Appliances **25%** off
 Hearing Aids (excludes batteries) **35%** off

SLIDE C

| Size | Income Level | Size | Income Level |
|------|-----------------|------|-----------------|
| 1 | \$18,076-22,559 | 5 | \$43,186-53,900 |
| 2 | \$24,353-30,395 | 6 | \$49,464-61,735 |
| 3 | \$30,631-38,230 | 7 | \$55,741-69,571 |
| 4 | \$36,909-46,065 | 8 | \$62,019-77,406 |

The amount you pay:

VISIT FEES

MAT Individual & Group Counseling **\$7**
 Medical, Behavioral, Lab & Radiology, Audiology **\$60**
 Vision **\$70**
 Basic Dental & Psych Testing **\$100**
 Surgical **\$300**

OTHER SERVICES

CareConnect **\$1.50**
 Prescriptions:
30% off (VH Patient)
20% off (Public)
 Dental Supplies **20%** off
 Glasses (excludes contacts) **30%** off
 Dental Appliances **20%** off
 Hearing Aids (excludes batteries) **30%** off

SLIDE D

| Size | Income Level | Size | Income Level |
|------|-----------------|------|-----------------|
| 1 | \$22,560-27,180 | 5 | \$53,901-64,940 |
| 2 | \$30,396-36,620 | 6 | \$61,736-74,380 |
| 3 | \$38,231-46,060 | 7 | \$69,572-83,820 |
| 4 | \$46,066-55,500 | 8 | \$77,407-93,260 |

The amount you pay:

VISIT FEES

MAT Individual & Group Counseling **\$8**
 Medical, Behavioral, Lab & Radiology, Audiology **\$75**
 Vision **\$80**
 Basic Dental & Psych Testing **\$115**
 Surgical **\$400**

OTHER SERVICES

CareConnect **\$1.75**
 Prescriptions:
20% off (VH Patient)
15% off (Public)
 Dental Supplies **15%** off
 Glasses (excludes contacts) **20%** off
 Dental Appliances **15%** off
 Hearing Aids (excludes batteries) **25%** off



Sliding Fee Definitions

Sliding Fee Discount Level

Approved participants will be assigned to a sliding fee scale level (A,B,C or D) based on family income and family size.

Family Income

This refers to the gross incomes of all persons that you include as part of your family size. (Federally defined exclusions may apply).

Family Size

This refers to a taxpayer (including married taxpayers filing jointly) and all claimed tax dependents.*

Nominal & Established Fee

This is the payment amount expected at time of service. See "The Amount You Pay" in the charts above.**

Gross Income

This refers to the gross wages and salary, pensions, government payments, social security, sale of goods and value of bartered services.

How the Application Process Works

Submit application including family size and proof of income.

Discounts are considered pending while application is being reviewed.

Discounts are removed after 30 days if application is incomplete.

If approved, discounts remain & are applicable for one year.

*Unpaid services on the second service fees scale may result in rescheduled appointments until nominal fee or discounted charge can be paid to help cover cost of materials/products purchased by Valley to perform service. • Discounts are not available for lens enhancements and hearing aid batteries. • Returns on equipment purchased with the discount (like hearing aids) will be refunded to the patient less a \$200 return fee. Payment Level Categories are based upon the most recent Federal Poverty Guidelines. • * Family Size definition source: The Marketplace; at healthcare.gov • ** Nominal & Established Fee amounts, which are due upon date of service for Sliding Fee participants, do not reflect the actual value of the services provided, but rather were set based upon patient surveys, Board of Director members/patients' feedback, and reasonable expectation for a portion of cost reimbursement. FPL 2022 * Effective 3.2022*