



Corporate Office

506 Campus Drive
Hancock, MI 49930
Phone: (906) 483-1705
Fax: (906) 483-1394

Sliding Fee Program

What is the Sliding Fee Program? The Sliding Fee Program is a federally funded program that provides a discount to patients who are uninsured or underinsured. This program allows qualifying patients to receive Medical, Dental and Behavioral Health services at Upper Great Lakes Family Health Centers (UGL) at a discounted fee after any insurance, if applicable, has processed the claim. There is a minimum amount due at the time of service for all discounted services received.

Who is eligible for the Sliding Fee Program? Uninsured and underinsured patients may qualify for the Sliding Fee Program. Patients currently enrolled in other discounted health care programs such as the Western Upper Peninsula Health Access Coalition (WUPHAC), Marquette County Access Coalition or local Charitable Care Programs are encouraged to apply. Federal guidelines require us to take household size and household income into consideration when determining an applicant's eligibility.

Where does the Sliding Fee Program apply? The Sliding Fee Program applies to qualifying patients who receive services at any of these Upper Great Lakes Family Health Center sites:

****Calumet**

56720 Calumet Ave.
Calumet, MI 49913
(906) 483-1177

Gwinn

135 East M-35
Gwinn, MI 49841
(906) 346-9275

***Hancock**

500 Campus Dr.
Hancock, MI 49930
Family Practice (906) 483-1060
Pediatrics (906) 483-1700
OB/GYN (906) 483-1050

Houghton

600 MacInnes Dr.
Houghton, MI 49931
(906) 483-1860

Iron River

1500 W. Ice Lake Rd.
Iron River, MI 49935
(906) 265-5378

Lake Linden

945 Ninth St.
Lake Linden, MI 49945
(906) 483-1030

Menominee

1110 10th Avenue
Menominee, MI 49858
(906) 290-5000

Ontonagon

751 S. Seventh St.
Ontonagon, MI 49953
(906) 884-4120

****Sawyer**

301 Explorer St.
Gwinn, MI 49841
(906) 346-9275

Marquette

1414 W. Fair Ave, Suite 242
Marquette, MI 49855
(906)-449-2900



Corporate Office

506 Campus Drive
Hancock, MI 49930
Phone: (906) 483-1705
Fax: (906) 483-1394

***Hancock Location:** Includes clinic services received in Family Practice, Pediatrics and OB/Gyn.

****Dental Services** available at these locations; Calumet and Sawyer.

When should you apply for the Sliding Fee Program? You should apply immediately to see if you qualify for the Sliding Fee Program. If approved for the program, you will be required to renew your application and information on an annual basis. If you are not approved for the program, you are encouraged to contact us if you have a significant change in income or family size as we may be able to re-evaluate your information.

How can I apply for the Sliding Fee Program? You may apply for the Sliding Fee Program by submitting the following:

- * Completed and signed Sliding Fee Program Application (enclosed)
- * Proof of Income
 - Income is defined as any money received whether cash, check, or direct deposit used to support your household. Income can include; wages, unemployment, pension, social security, disability, child support, gambling winnings and cash payment for services rendered or payment for other reasons.
 - Households claiming zero income will be required to schedule an appointment with one of our eligibility staff members to determine if a discount can be determined.

Enclosed is an application for the Sliding Fee Program. Please complete, sign and return your application and proof of income to the location of your preferred health center above. Once received, your completed application will be reviewed by a member of our staff who will then send you a letter regarding your eligibility.

Please note: All of the above information must be received in order to process your application. Submitting incomplete or partial information will delay a decision until additional requested information is received. Until you receive a letter indicating you have qualified for a discount, you are responsible for 100% of all charges.

Sincerely,

Upper Great Lakes Family Health Center Staff

*Please note: If approved for the Sliding Fee Program, **limited** Diagnostic and Radiology services are available to you at a discounted rate*



Corporate Office

506 Campus Drive
 Hancock, MI 49930
 Phone: (906) 483-1705
 Fax: (906) 483-1394

Sliding Fee Application

Head of Household _____
 (please print) Last Name First Name Middle Initial

Mailing Address _____
 Street City Zip

Telephone () _____ Date of Birth _____

Pharmacy _____ Social Security Number _____

Marital Status Married Single Widowed Separated Divorced

Household Members

Please print information below for ALL other persons living in your household

Full Name	Date of Birth	Relationship	Insurance Y/N

*Medical Insurance Name _____ Subscriber Name _____

Policy Number _____ Group Number _____

*Dental Insurance Name _____ Subscriber Name _____

Policy Number _____ Group Number _____



Corporate Office

506 Campus Drive
Hancock, MI 49930
Phone: (906) 483-1705
Fax: (906) 483-1394

Income Verification

Please provide proof of income for all members living within your household. Supporting documentation must show gross pay (total of income before any deductions), cover 4 consecutive weeks of pay and indicate the length of the pay period covered. Examples include:

- Most Recent Tax Return
- Check Stubs
- Social Security Income*
- Disability Income
- Child Support
- Unemployment Income
- Pension
- Retirement Income

*If you receive Social Security benefits, please provide the letter you received from the Social Security Administration stating the amount you receive each month. If you are unable to provide the letter, we will accept your last two months of bank statements showing the deposit along with a signed note stating the amount that is taken out for Medicare Part B & D.

Households claiming zero income will be required to schedule an appointment with a Financial Counselor to determine eligibility.

I verify that this information presented in this application to be true and accurate to the best of my knowledge and my signature below verifies that I am applying for a Sliding Fee Program discount. Furthermore, I understand that I am responsible for 100% of any charges incurred prior to being deemed eligible to receive a discount through the Sliding Fee Program.

Signature _____ Date _____
Head of household

Signature _____ Date _____
Spouse or other adult household member



Corporate Office

506 Campus Drive
 Hancock, MI 49930
 Phone: (906) 483-1705
 Fax: (906) 483-1394

**Upper Great Lakes Family Health Center, INC
 DEPARTMENT OF HEALTH & HUMAN SERVICES POVERTY GUIDELINES**

EFFECTIVE 02/01/2021

		Less than A	More than A Less than B	More than B Less than C	More than C Less than D	More than D
Medical Services		\$25 Nominal Charge	\$50 Discounted Fee	\$75 Discounted Fee	\$100 Discounted Fee	No Discount
Behavioral Health		\$10 Nominal Charge	\$30 Discounted Fee	\$50 Discounted Fee	\$70 Discounted Fee	No Discount
Dental Services		\$30 Nominal Charge	40% of Total Charge	50% of Total Charge	60% of Total Charge	No Discount
HOUSEHOLD SIZE		A	B	C	D	E
1	YEAR	12,880.00	16,100	22,540	25,760	25,760.01
	MONTH	1,073.33	1,342	1,878	2,147	2,127.01
	WEEK	247.69	310	433	495	491.01
2	YEAR	17,420.00	21,775	30,485	34,840	34,840.01
	MONTH	1,451.67	1,815	2,540	2,903	2,873.01
	WEEK	335.00	419	586	670	663.01
3	YEAR	21,960.00	27,450	38,430	43,920	43,920.01
	MONTH	1,830.00	2,288	3,203	3,660	3,620.01
	WEEK	422.31	528	739	845	835.01
4	YEAR	26,500.00	33,125	46,375	53,000	53,000.01
	MONTH	2,208.33	2,760	3,865	4,417	4,367.01
	WEEK	509.62	637	892	1,019	1,008.01
5	YEAR	31,040.00	38,800	54,320	62,080	62,080.01
	MONTH	2,586.67	3,233	4,527	5,173	5,113.01
	WEEK	596.92	746	1,045	1,194	1,180.01
6	YEAR	35,580.00	44,475	62,265	71,160	71,160.01
	MONTH	2,965.00	3,706	5,189	5,930	5,860.01
	WEEK	684.23	855	1,197	1,368	1,352.01
7	YEAR	40,120.00	50,150	70,210	80,240	80,240.01
	MONTH	3,343.33	4,179	5,851	6,687	6,607.01
	WEEK	771.54	964	1,350	1,543	1,525.01
8	YEAR	44,600.00	55,750	78,050	89,200	89,200.01
	MONTH	3,716.67	4,646	6,504	7,433	7,353.01
	WEEK	857.69	1,072	1,501	1,715	1,697.01
For each additio person, add	YEAR	4,540.00	5,675	7,945	9,080	9,080.01
	MONTH	378.33	473	662	757	747.01
	WEEK	87.31	109	153	175	172.01

Upper Great Lakes Family Health Centers defines "household" as: ALL THE PERSONS WHO OCCUPY A HOUSING UNIT WHETHER THEY ARE RELATED TO EACH OTHER OR NOT.

REVS'D 01/18/21

UGL defines "income" as TOTAL CASH RECEIPTS (WAGES, SALARIES, PUBLIC ASSISTANCE/ UNEMPLOYMENT/RETIREMENT PAYMENTS, SOCIAL SECURITY, ALIMONY, CHILD SUPPORT.) BEFORE TAXES. However, income does not include non-cash benefits (food stamps, school lunches, or food/rent in lieu of wages). Income include gifts.