



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



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***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 provide a signed statement explaining the current financial situation so staff members are able to determine if a discount can be approved.

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. If you have further questions please contact a Financial Counselor at 906-483-1130 opt. 2. 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*



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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 _____



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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



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

EFFECTIVE 02/01/2022

Medical Services	Behavioral Health	Dental Services	HOUSEHOLD SIZE	Less than A	More than A Less than B	More than B Less than C	More than C Less than D	More than D
				\$25 Nominal Charge*	\$50 Discounted Fee*	\$75 Discounted Fee*	\$100 Discounted Fee*	No Discount
				\$10 Nominal Charge	\$30 Discounted Fee	\$50 Discounted Fee	\$70 Discounted Fee	No Discount
				\$30 Nominal Charge*	40% of Total Charge*	50% of Total Charge*	60% of Total Charge*	No Discount
				A	B	C	D	E
1	YEAR			13,590.00	16,988	23,783	27,180	27,180.01
	MONTH			1,132.50	1,416	1,982	2,265	2,127.01
	WEEK			261.35	327	457	523	491.01
2	YEAR			18,310.00	22,888	32,043	36,620	36,620.01
	MONTH			1,525.83	1,907	2,670	3,052	2,873.01
	WEEK			352.12	440	616	704	663.01
3	YEAR			23,030.00	28,788	40,303	46,060	46,060.01
	MONTH			1,919.17	2,399	3,359	3,838	3,620.01
	WEEK			442.88	554	775	886	835.01
4	YEAR			27,750.00	34,688	48,563	55,500	55,500.01
	MONTH			2,312.50	2,891	4,047	4,625	4,367.01
	WEEK			533.65	667	934	1,067	1,008.01
5	YEAR			32,470.00	40,588	56,823	64,940	64,940.01
	MONTH			2,705.83	3,382	4,735	5,412	5,113.01
	WEEK			624.42	781	1,093	1,249	1,180.01
6	YEAR			37,190.00	46,488	65,083	74,380	74,380.01
	MONTH			3,099.17	3,874	5,424	6,198	5,860.01
	WEEK			715.19	894	1,252	1,430	1,352.01
7	YEAR			41,910.00	52,388	73,343	83,820	83,820.01
	MONTH			3,492.50	4,366	6,112	6,985	6,607.01
	WEEK			805.96	1,007	1,410	1,612	1,525.01
8	YEAR			46,630.00	58,288	81,603	93,260	93,260.01
	MONTH			3,885.83	4,857	6,800	7,772	7,353.01
	WEEK			896.73	1,121	1,569	1,793	1,697.01
For each additional person, add	YEAR			4,720.00	5,900	8,260	9,440	9,440.01
	MONTH			393.33	492	688	787	747.01
	WEEK			90.77	113	159	182	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 02/01/22

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.

***Services that include materials, devices and/or lab costs will be in addition to the nominal fee.**