



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 249
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*

Revised 01/16/2024



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Policy Number _____ Group Number _____

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 01/16/2024

		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
HOUSEHOLD SIZE		A	B	C	D	E
1	YEAR	15,060.00	18,825	26,355	30,120	30,120.01
	MONTH	1,255.00	1,569	2,196	2,510	2,127.01
	WEEK	289.62	362	507	579	491.01
2	YEAR	20,440.00	25,550	35,770	40,880	40,880.01
	MONTH	1,703.33	2,129	2,981	3,407	2,873.01
	WEEK	393.08	491	688	786	663.01
3	YEAR	25,820.00	32,275	45,185	51,640	51,640.01
	MONTH	2,151.67	2,690	3,765	4,303	3,620.01
	WEEK	496.54	621	869	993	835.01
4	YEAR	31,200.00	39,000	54,600	62,400	62,400.01
	MONTH	2,600.00	3,250	4,550	5,200	4,367.01
	WEEK	600.00	750	1,050	1,200	1,008.01
5	YEAR	36,580.00	45,725	64,015	73,160	73,160.01
	MONTH	3,048.33	3,810	5,335	6,097	5,113.01
	WEEK	703.46	879	1,231	1,407	1,180.01
6	YEAR	41,960.00	52,450	73,430	83,920	83,920.01
	MONTH	3,496.67	4,371	6,119	6,993	5,860.01
	WEEK	806.92	1,009	1,412	1,614	1,352.01
7	YEAR	47,340.00	59,175	82,845	94,680	94,680.01
	MONTH	3,945.00	4,931	6,904	7,890	6,607.01
	WEEK	910.38	1,138	1,593	1,821	1,525.01
8	YEAR	52,720.00	65,900	92,260	105,440	105,440.01
	MONTH	4,393.33	5,492	7,688	8,787	7,353.01
	WEEK	1,013.85	1,267	1,774	2,028	1,697.01
For each additi person, add	YEAR	5,380.00	6,725	9,415	10,760	10,760.01
	MONTH	448.33	560	785	897	747.01
	WEEK	103.46	129	181	207	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.

REV'SD 01/16/24

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.**