Sliding Fee Application Information

Marimn Health sliding fee scale costs are based on Family/Household size and income: Family/Household is defined as a group of two or more people, related or not, who usually (though not necessarily) live together, who depend upon and share the declared income and expenses. To see if you qualify, complete the application and bring it to your first visit along with proof of income (tax information, paycheck stub, bank statement, etc.). An online application is also available under the patient services tab of our website, marimnhealth.org. Please note that we require tax documents for patients that are self-employed.

	Nominal	Level I	Level II	Level III
Medical	$20.00	$30.00	$50.00	$70.00
Behavioral Health	$20.00	$30.00	$50.00	$70.00
Dental	$25.00	$50.00	$75.00	$100.00
Chiropractic	$20.00	$30.00	$50.00	$70.00
Vision Exams	$20.00	$30.00	$50.00	$70.00
Group Appt.	$10.00	$15.00	$20.00	$25.00
Pharmacy				
30 - day supply	$5.00	$10.00	$15.00	$20.00
90 - day supply	$15.00	$25.00	$35.00	$45.00

Sliding Fee Application Information

SERVICE RESTRICTIONS

- Patient must be seen by a Marimn Health provider. Services rendered outside of the Marimn Health facility do not qualify for the sliding fee program.
- Patients who appear eligible for Medicaid will be informed of potential eligibility and offered application assistance. Refusal to apply will not affect access to services or eligibility for sliding fee discounts.
- Sliding charges:
  - Sliding charges must be paid at check-in, before services are rendered.
  - Patients who have insurance will be charged their co-pays, co-insurance, and deductibles, or their applicable sliding fee level amount, whichever is the lesser amount and within the contractual agreement with third party payers.
- Dental coverage:
  - Included within the program are exams-including x-rays, hygienist visits-including scaling and root planning, fillings, anesthesia, extractions-including surgical extractions, wound repairs, anterior and premolar root canals, and alveoloplasty.
  - Excluded from the Sliding Program are casts, dentures, molar root canals (D3330), crowns, bridges, space maintainers, flippers, night guards, prosthetic repairs, implants & pins, biopsies, bleaching, athletic mouth guards, abutments, bone grafts, sinus augmentation, and nitrous oxide.
  - Sliding patients receiving an exam and hygiene encounter on the same day will only be charged one sliding fee for both services. If other services are received on the same day, two payments are required.
- Vision coverage:
  - Patients are allowed one exam per year; patients must pay the sliding exam fee that corresponds with their eligibility level. If patients are seen in the Vision department for follow-up or routine vision care encounters, patients must pay the regular (medical) sliding fee that corresponds with their eligibility level. Patients are allowed $100 toward hardware/contacts, per calendar year.
- Pharmacy items are restricted to a specific drug list. Patients may have to pay full price for their prescription items. Outside prescriptions will be honored only if referred by a Marimn Health provider.
- Certain immunizations dispensed at the pharmacy such as Zoster, Pneumovax, and Prevnar are not covered. Please contact Pharmacy for details: 208-686-1007
- Certain contraceptives such as Nexplanon, IUDs, and circumcisions are not covered. Please contact the Revenue Department for details: 208-686-1931 Ext 4201.
- Referral labs are not covered. You will receive a bill from the referral lab at your sliding percentage.
- Discounts may be available regardless of insured status.

Please call us at (208) 686-0222 if you have any questions or need help completing the application

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ MRN#: _____

MARIMNHEALTH
COEUR D'ALENE TRIBE

Sliding Fee Application

MRN #: _____ Applicant: _____ Birth Date: _____/_____/_____

Mailing Address: _____

_____

(City) (State) (Zip)

Home Phone: (____) _____- _____ Cell Phone: (____) _____- _____

Employer Name: _____ Phone: (____) - _____

Insurance: _____

MRN #:_____Applicant's Spouse: _____Birth Date: _____/_____/_____

Spouse's Employer Name: _____ Phone: (____) _____- _____

Insurance: _____

Gross Annual Income from All Sources (please specify):_____

Please list any other members of your Family/Household: Family/Household is defined as a group of two or more people, related or not, who usually (though not necessarily) live together, who depend upon and share the declared income and expenses.

	Name:	Relationship:	Birth Date:	Employed?	Insurance
MRN #:_____					
MRN #:_____					
MRN #: _____					
MRN #: _____					
MRN #:_____					
MRN #:_____					

ALTERNATE RESOURCE SCREENING:
If any family member can answer yes to any of these questions, they may be eligible for other assistance. Please check any that may be applicable or contact our Outreach and Enrollment department at 208-686-0222. Outreach and enrollment will be in contact with you for further screening.

☐Pregnant, either currently or in the last 60 days ☐Any family member over the age of 65 or under the age of 19
☐Any family member that is disabled ☐Does not have other coverage

SIGNATURE: _____ DATE: _____

Outreach and Enrollment Staff Only:

□ Bad Debt _____ □ Balance_____ □ Annual Income _____
□ EPIC □ Pioneer Rx □ Spreadsheet Employee Initials:_____

MARIMNHEALTH
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Sliding Fee Program Payment Contract

The Sliding Fee Program is a part of our Community Health Grant which allows Marimn Health to offer services at a discounted rate to patients who meet the qualifications. It is federally funded and so has some requirements that must be met by participants to stay in the program.

This is a contract between the participant and Marimn Health. Marimn Health Medical Center agrees to provide covered services at a fixed, discounted rate to participants. Those rates are as follows:

	Nominal	Level I	Level II	Level III
Medical	$20.00	$30.00	$50.00	$70.00
Behavioral Health	$20.00	$30.00	$50.00	$70.00
Dental	$25.00	$50.00	$75.00	$100.00
Chiropractic	$20.00	$30.00	$50.00	$70.00
Vision Exams	$20.00	$30.00	$50.00	$70.00
Group Appt.	$10.00	$15.00	$20.00	$25.00
Pharmacy				
30 - day supply	$5.00	$10.00	$15.00	$20.00
90 - day supply	$15.00	$25.00	$35.00	$45.00

If you have insurance, the lesser of your co-pay, deductible or sliding fee payment will be billed to you, unless prohibited by the third-party contract. Payment must be received within 30 days of being billed or your account will be deemed past due. Services done outside of Marimn Health Medical Center are not included in this payment and may be billed to the patient by the rendering provider.

The patient or guarantor agrees to pay the required payment prior to receiving covered services at the Marimn Health Medical Center. The patient also agrees that if the required payment is not made, they will not receive the scheduled service (except in cases of life-threatening accident or illness, as determined by the clinical staff at Marimn Health) and will be required to reschedule. There will be no exceptions.

The patient or guarantor also agrees that their account must be current with no past due balances. If the account is not current, then the participant will be taken off of the Sliding Fee Program and be required to pay full price for any services received. They will also not be eligible for reinstatement in the program until their account is current.

I have read and understand the above information and I agree to all terms and conditions of this agreement. I also understand this contract is in effect for only 12 months. It is possible to update sooner if there is a change in income.

This contract is subject to change without notice when changes are made due to grant requirements.

Please Complete the Scale Below by checking 1 box:

On a scale of 1 to 5, do you feel the discounted rate of this program is a barrier to care for you or your family? (Affordable) ☐1 ☐2 ☐3 ☐4 ☐5 (Unaffordable)

SIGNATURE: _____ DATE: _____

Printed Name: _____ MRN# _____ Employee Initials _____