

PATIENT DISCOUNTS

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



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
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

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.

UPDATED 3.2.2021

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

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.

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.

Have questions? Call 304.697.1396

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	≤ - \$12,880	5	≤ - \$31,040
2	≤ - \$17,420	6	≤ - \$35,580
3	≤ - \$21,960	7	≤ - \$40,120
4	≤ - \$26,500	8	≤ - \$44,660

The amount you pay:

VISIT FEES

MAT Individual & Group Counseling **\$5**
 Medical, Behavioral, Lab & Radiology, Audiology **\$20**
 Vision **\$65**
 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
 Dental Appliances **\$500** or **30%** off
 Complete Pair of Glasses **\$39** or **50%** off
 Hearing Aids **\$500** or **40%** off

SLIDE B

Size	Income Level	Size	Income Level
1	\$12,881-17,130	5	\$31,041-41,283
2	\$17,421-23,169	6	\$35,581-47,321
3	\$21,961-29,207	7	\$40,121-53,360
4	\$26,501-35,245	8	\$44,661-59,398

The amount you pay:

VISIT FEES

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

OTHER SERVICES

CareConnect **\$1.25**
 Prescriptions:
40% off (VH Patient)
25% off (Public)
 Dental Supplies **25%** off
 Dental Appliances **25%** off
 Complete Pair of Glasses **40%** off
 Hearing Aids **35%** off

SLIDE C

Size	Income Level	Size	Income Level
1	\$17,131-21,381	5	\$41,284-51,526
2	\$23,170-28,917	6	\$47,322-59,063
3	\$29,208-36,454	7	\$53,361-66,599
4	\$35,246-43,990	8	\$59,399-74,136

The amount you pay:

VISIT FEES

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

OTHER SERVICES

CareConnect **\$1.50**
 Prescriptions:
30% off (VH Patient)
20% off (Public)
 Dental Supplies **20%** off
 Dental Appliances **20%** off
 Complete Pair of Glasses **30%** off
 Hearing Aids **30%** off

SLIDE D

Size	Income Level	Size	Income Level
1	\$21,382-25,760	5	\$51,527-62,080
2	\$28,918-34,840	6	\$59,064-71,160
3	\$36,455-43,920	7	\$66,600-80,240
4	\$43,991-53,000	8	\$74,137-89,320

The amount you pay:

VISIT FEES

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

OTHER SERVICES

CareConnect **\$1.75**
 Prescriptions:
20% off (VH Patient)
15% off (Public)
 Dental Supplies **15%** off
 Dental Appliances **15%** off
 Complete Pair of Glasses **20%** off
 Hearing Aids **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.

Nominal & Established Fee

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

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).

Gross Income

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

Family Size

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

How the Application Process Works



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 2020 ▪ Effective 3.2020