



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
FoodFair   Barboursville, WV .....	304.399.3350
Fort Gay   Fort Gay, WV .....	304.648.5544
Fort Gay Pharmacy   Fort Gay, WV .....	304.781.5022
Gallipolis Ferry   Gallipolis Ferry, WV .....	304.675.5725
Harts   Harts, WV .....	304.855.4595
Harts Pharmacy   Harts, WV .....	304.781.5021
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
Milton Pharmacy   Milton, WV .....	304.781.5011
Milton at Harbour Way   Milton, WV .....	304.781.5050
Oakwood Road   Charleston, WV .....	304.352.1191
Pea Ridge   Huntington, WV .....	304.781.5001
Pea Ridge Pharmacy   Huntington, WV .....	304.781.5046
Point Pleasant Pediatrics   Pt. Pleasant, WV ....	304.675.4107
Southside   Huntington, WV .....	304.529.0645
Stepptown   Kermit, WV .....	304.393.4090
Teays Pediatrics   Scott Depot, WV .....	304.757.8803
Teays Valley   Hurricane, 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
Woodruff & Gonzales   Huntington, WV .....	304.529.6060

Our sliding fee program is also available at the following school-based health centers:

Cabell-Midland, Harts Intermediate, Huntington High, Huntington Middle/Southside Elementary, Spring Valley, and Wayne High/Middle

WHO CAN APPLY? AM I ELIGIBLE?

Anyone can apply, even if you currently have healthcare coverage! Eligibility is based on family size and family income range for those at or below 200% of the FPL (Federal Poverty Level).

WHAT SERVICES ARE COVERED?

The following services are covered under the Sliding Fee discount program:

- Audiology
  - Basic Dental
  - Behavioral Health
  - Care Connect
  - Dental Appliances
  - Dental Supplies
  - Complete Pair of Glasses
  - Hearing Aids
- Lab and Radiology
  - MAT Individual and Group Counseling
  - Medical
  - Prescriptions
  - Psych Testing
  - Surgical
  - Vision

WHEN AND WHAT DO I PAY?

Find where you fall on the scale. Once you determine your Slide (A, B, C, or D) and have successfully completed the application process, you will see the amount expected at the time of service.

**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.)

HOW CAN I APPLY?

Download a paper application from valleyhealth.org or ask the receptionist at any Valley Health location. Complete the application and submit it along with any and all required verification documents. If you have no proof of income, send a Self Declaration letter that you receive no income.

TYPES OF APPROVED INCOME VERIFICATION:

- W-2
- One Month of Pay Stubs
- One Unemployment Stub
- Government Assistance Statement
- Alimony
- Denials from other assistance

HOW WILL I KNOW IF I AM 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 date 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.

Family Size definition source: The Marketplace; at healthcare.gov

Nominal and 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.

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.



SLIDING FEE POLICY AND DISCOUNT PROGRAM

This program is available at all of our health centers and pharmacies!







# SLIDING FEE POLICY AND DISCOUNT PROGRAM

Match your family size to family income range to determine Sliding Fee discount level.

## SLIDE A

### Family Size/Income Range:

 Income	 Income
1 ≤ \$14,580	5 ≤ \$35,140
2 ≤ \$19,720	6 ≤ \$40,280
3 ≤ \$24,860	7 ≤ \$45,420
4 ≤ \$30,000	8 ≤ \$50,560

### In-Scope Services:



DBT/MAT Individual and Group Counseling	\$5
Medical/Lab and Radiology/Behavioral/Audiology	\$20
Vision	\$50
Basic Dental and Psych Testing	\$85
Surgical	\$100

### Out-of-Scope Services:

Care Connect	\$1
Prescriptions (VH Patient)	\$4 or 50% OFF
Prescriptions (Public)	\$4 or 30% OFF
Dental Supplies	\$15 or 30% OFF
Glasses (Excludes Contacts)	\$39 or 50% OFF
Dental Appliances	\$500 or 30% OFF
Hearing Aids (Excludes Batteries)	\$500 or 40% OFF

## SLIDE B

### Family Size/Income Range:

 Income	 Income
1 \$14,581-\$19,391	5 \$35,141-\$46,736
2 \$19,721-\$26,228	6 \$40,281-\$53,572
3 \$24,861-\$33,064	7 \$45,421-\$60,409
4 \$30,001-\$39,900	8 \$50,561-\$67,245

### In-Scope Services:



DBT/MAT Individual and Group Counseling	\$6
Medical/Lab and Radiology/Behavioral/Audiology	\$40
Vision	\$60
Basic Dental and Psych Testing	\$90
Surgical	\$200

### Out-of-Scope Services:

Care Connect	\$1.25
Prescriptions (VH Patient)	40% OFF
Prescriptions (Public)	25% OFF
Dental Supplies	25% OFF
Glasses (Excludes Contacts)	40% OFF
Dental Appliances	25% OFF
Hearing Aids (Excludes Batteries)	35% OFF

## SLIDE C

### Family Size/Income Range:

 Income	 Income
1 \$19,392-\$24,203	5 \$46,737-\$58,332
2 \$26,229-\$32,735	6 \$53,573-\$66,865
3 \$33,065-\$41,268	7 \$60,410-\$75,397
4 \$39,901-\$49,800	8 \$67,246-\$83,930

### In-Scope Services:



DBT/MAT Individual and Group Counseling	\$7
Medical/Lab and Radiology/Behavioral/Audiology	\$60
Vision	\$70
Basic Dental and Psych Testing	\$100
Surgical	\$300

### Out-of-Scope Services:

Care Connect	\$1.50
Prescriptions (VH Patient)	30% OFF
Prescriptions (Public)	20% OFF
Dental Supplies	20% OFF
Glasses (Excludes Contacts)	30% OFF
Dental Appliances	20% OFF
Hearing Aids (Excludes Batteries)	30% OFF

## SLIDE D

### Family Size/Income Range:

 Income	 Income
1 \$24,204-\$29,160	5 \$58,333-\$70,280
2 \$32,736-\$39,440	6 \$66,866-\$80,560
3 \$41,269-\$49,720	7 \$75,398-\$90,840
4 \$49,801-\$60,000	8 \$83,931-\$101,120

### In-Scope Services:

DBT/MAT Individual and Group Counseling	\$8
Medical/Lab and Radiology/Behavioral/Audiology	\$75
Vision	\$80
Basic Dental and Psych Testing	\$115
Surgical	\$400

### Out-of-Scope Services:

Care Connect	\$1.75
Prescriptions (VH Patient)	20% OFF
Prescriptions (Public)	15% OFF
Dental Supplies	15% OFF
Glasses (Excludes Contacts)	20% OFF
Dental Appliances	15% OFF
Hearing Aids (Excludes Batteries)	25% OFF

For families/households with more than 8 persons, add \$5,140 for each additional person. In-Scope Services: Payment expected at visit. Out-of-Scope Services: Patient pays greater of the nominal fee or discounted charge.