

Sliding Fee Discount Program

As a Community Health Center, we offer a sliding Fee Discount Program based on household income and family size, which reduces the amount you pay for healthcare services. If you qualify, you may pay a percentage of the cost for most services. You may be eligible for this program even if you have insurance.

The Sliding Fee Discount Program application is available in English and Spanish at check-in at each health center site and on our website. All information on the application is kept confidential. We have designated staff available to help you with completing the application.

The Federal Poverty Guidelines will be used for the Sliding Fee Discount Program. If your income falls within the guidelines, we encourage you to apply.

Proof of income is required to process your application. The documents listed below are acceptable proof of income.

- W-2 Form
- Income Tax returns
- Current pay stubs
- Bank statements showing direct deposits
- Unemployment award notice
- Social Security notice
- Child support and/or alimony
- Pension or retirement income
- Disability or workers' compensation
- Letter from employer establishing income

For questions, please inquire at the check-in desk at each clinic location.

OUR LOCATIONS

Schedule an Appointment

MOUNTAIN HOME

120 Desert Sage Way
Mountain Home, Idaho 83647
(P) 208-587-3988

Medical Hours of Service:

Monday - Wednesday - Friday 8:00 a.m. to 5:30 p.m.
Tuesday - Thursday 8:00 a.m. to 7:30 p.m.
Saturdays from 8:00 a.m. to 5:00 p.m.
Closed 12:00 p.m. to 1:00 p.m. for lunch on Saturdays

Behavioral Health Hours of Service:

Monday - Friday 7:00 a.m. to 6:00 p.m.

Dental Hours of Service:

Monday - Friday 6:30 a.m. to 5:30 p.m.

GLENN'S FERRY

486 West First Ave, PO Box 266
Glenns Ferry, Idaho 83623
(P) 208-366-7416

Hours of Operation:

Monday - Friday 8:00 a.m. - 5:00 p.m.
Closed for Lunch 1:00 p.m. - 2:00 p.m.

GRAND VIEW

350 Main Street
Grand View, Idaho 83624
(P) 208-834-2929

Hours of Operation:

Monday - Tuesday Thursday - Friday 8:30 a.m. - 5:30 p.m.
Closed for Lunch 1:00 p.m. - 2:00 p.m.
Closed on Wednesdays



DESERT SAGE HEALTH CENTERS



SLIDING FEE SCHEDULE 2025



Sliding Fee Discount Schedule

Based on the 2025 Federal Poverty Guidelines (FPG)
 All Community Health Center Eligible Patients

Our Sliding Fee Discount Program is available to all patients who qualify based on their annual household income and family size even if they have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount. Inquire at check-in if you would like to apply.

Patient Cost					
	Slide A 0-100% FPG	Slide B 101-135% FPG	Slide C 136-150% FPG	Slide D 151-200% FPG	Over 200% FPG
Medical	Patient Pays \$20.00 Nominal Fee ¹	Patient Pays \$40.00 Office Visit ¹	Patient Pays \$80.00 Office Visit ¹	Patient Pays \$100.00 Office Visit ¹	No Discount
Behavioral Health	Patient Pays \$5.00 Nominal Fee	Patient Pays \$10.00 Flat Fee	Patient Pays \$15.00 Flat Fee	Patient Pays \$20.00 Flat Fee	No Discount
Dental Preventative & Basic	Patient Pays \$35.00 Nominal Fee ¹	Patient Pays 25% Office Visit ¹	Patient Pays 50% Office Visit ¹	Patient Pays 75% Office Visit ¹	No Discount
Dental Elective	Patient Pays \$45.00 Nominal Fee ¹	Patient Pays 20% Office Visit ¹	Patient Pays 40% Office Visit ¹	Patient Pays 60% Office Visit ¹	No Discount
Family Size	Annual Income				
1	\$0 - \$15,650	\$15,651 - \$21,128	\$21,129 - \$23,475	\$23,476 - \$31,300	\$31,301 - ↑
2	\$0 - \$21,150	\$21,151 - \$28,553	\$28,554 - \$31,725	\$31,726 - \$42,300	\$42,301- ↑
3	\$0 - \$26,650	\$26,651 - \$35,978	\$35,979 - \$39,975	\$39,976 - \$53,300	\$53,301 - ↑
4	\$0 - \$32,150	\$32,151 - \$43,403	\$43,404 - \$48,225	\$48,226 - \$64,300	\$64,301- ↑
5	\$0 - \$37,650	\$37,651 - \$50,828	\$50,829 - \$56,475	\$56,476 - \$75,300	\$75,301 - ↑
6	\$0 - \$43,150	\$43,151 - \$58,253	\$58,254 - \$64,725	\$64,726 - \$86,300	\$86,301- ↑
7	\$0 - \$48,650	\$48,651 - \$65,678	\$65,679 - \$72,975	\$72,976 - \$97,300	\$97,301 - ↑
8	\$0 - \$54,150	\$54,151 - \$73,103	\$73,104 - \$81,225	\$81,226 - \$108,300	\$108,301 ↑

* For family units with more than 8 members, add \$5,500 for each additional member. Example: Family of 9 FPG = \$54,150 + \$5,500 = \$59,650

Effective 03/2025

* When applicable, for those at or below 200% FPG, labs may be billed directly to the patient by TVL/Trinity Health at discounted rates.

¹ Cost of some supplies are not included in the Slide Program and additional cost will be applied. Examples include, but are not limited to: Injections, Lab work, Durable Medical Equipment, or Dental Crown.