

SLIDING FEE DISCOUNT PROGRAM

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East Jordan Family Health Center
601 Bridge Street, East Jordan, Michigan 49727

Bellaire Family Health Center
4955 S M-88 Highway, Bellaire, Michigan 49615



We believe that everyone has a right to quality, affordable health care and have developed a Sliding Fee Discount Program to ensure that access to medical care is available to all who use our facilities, regardless of their financial situation and ability to pay.

What is it?

The Sliding Fee Discount Program provides reduced fees for the following services:

- On-site Medical Visits
- On-site Procedures
- On-site Integrated Behavioral Health Visits
- On-site 3D Mammography & X-ray Services
- Assistance with prescription costs at our Bellaire & East Jordan on-site Pharmacies
- Laboratory Services (through arrangement with LabCorp)
- Optometric Exams (through arrangement with Dr. Voci)
- Dental Service (through arrangement with Dental Clinics North)

Who is it for?

All patients and families who are established with Health Center providers and who qualify based on income and family size.

How do I Apply?

1. Complete the application on page 2.
2. Provide evidence of your present income for **all** family members.

Examples of income include:

- Three **most recent** and **consecutive** pay stubs
- Child support **ordered**
- Most recent Social Security Award Letter (Received each year in December and available online)
- Land contract payments received
- Monthly pension statement or most recent 1099
- Unemployment benefit determination statement
- Worker's Compensation checks
- Most recent Federal tax return - W-2's **not** accepted

3. Mail or return to the address shown on the back of this application.

Please contact the Health Center at **(231) 536-2206** (East Jordan) or **(231) 533-8649** (Bellaire) if you have any questions concerning the cost of your medical care or would like assistance completing this application.

Office Use Only:

Name: _____ Family Size: _____ Copay: _____
Eligible: _____ to _____ Staff: _____
UDS: _____ PC: _____ MC/GC _____
Gross Income: _____ Yearly Monthly Weekly (circle one)

Responsible Party: _____ Phone: _____

Mailing Address: _____
Street City State Zip

- 1) **List below all family members**, including responsible party. **The definition of “family”** is all persons related by blood, marriage, or adoption who reside together (Dept of Health and Human Services.) Unrelated individuals, even in the same house, may be considered separate families.

Last Name	First Name	Relationship	Birthdate

- 2) Family Income is the total annual cash receipts before taxes from all sources including salaries, public assistance, unemployment, retirement payments, Social Security, child support, etc.; but excluding gifts, receipts from sale of property, or non-cash benefits such as Medicaid, food stamps, public housing, etc. (Dept. of Health and Human Services). **Income from children over the age of 19** and still living at home must be included in total family income.
- 3) **If you are a single parent household and you are claiming your children on this application, you must give proof of child support. If for any reason you do not receive child support for your children, please indicate under the special consideration section below.**
- 4) Special Considerations: List any circumstances (financial or other) which you feel would affect your application:

- 5) If you have children under 19 years old who do not have health insurance, there are insurance programs that are of little or no cost available.
Would you like more information? Yes No
- 6) Before sending, remember to:
✓ **Sign and date your application**
✓ **Enclose proof of income**
✓ **Include all eligible family members and birthdates**

I hereby certify that all the above information is true and accurate to the best of my knowledge.
I understand the information will be kept confidential and used only for fee adjustment purposes.
I also understand that I must pay my copay on the day of service to be eligible for Sliding Fee Benefits.

Signature Date

EAST JORDAN FAMILY HEALTH CENTER SLIDING FEE SCALE

Based on 2026 Health & Human Services Federal Poverty Guidelines (Effective 03/06/2026)

Poverty Level	ANNUAL FAMILY INCOME					
	≤ 100%	101% - 125%	126% - 150%	151% -175%	176%-200%	> 200%
Family Size	Nominal Fee	DISCOUNT CATEGORY 1	DISCOUNT CATEGORY 2	DISCOUNT CATEGORY 3	DISCOUNT CATEGORY 4	NO DISCOUNT
1	\$0 - \$15,960	\$15,961 - \$19,950	\$19,951 - \$23,940	\$23,941 - \$27,930	\$27,931 - \$31,920	\$31,921 +
2	\$0 - \$21,640	\$21,641 - \$27,050	\$27,051 - \$32,460	\$32,461 - \$37,870	\$37,871 - \$43,280	\$43,281 +
3	\$0 - \$27,320	\$27,321 - \$34,150	\$34,151 - \$40,980	\$40,981 - \$47,810	\$47,811 - \$54,640	\$54,641 +
4	\$0 - \$33,000	\$33,001 - \$41,250	\$41,251 - \$49,500	\$49,501 - \$57,750	\$57,751 - \$66,000	\$66,001 +
5	\$0 - \$38,680	\$38,681 - \$48,350	\$48,351 - \$58,020	\$58,021 - \$67,690	\$67,691 - \$77,360	\$77,361 +
6	\$0 - \$44,360	\$44,361 - \$55,450	\$55,451 - \$66,540	\$66,541 - \$77,630	\$77,631 - \$88,720	\$88,721 +
7	\$0 - \$50,040	\$50,041 - \$62,550	\$62,551 - \$75,060	\$75,061 - \$87,570	\$87,571 - \$100,080	\$100,081 +
8	\$0 - \$55,720	\$55,721 - \$69,650	\$69,651 - \$83,580	\$83,581 - \$97,510	\$97,511 - \$111,440	\$111,441 +
For each additional person add	\$5,680	\$7,100	\$8,520	\$9,940	\$11,360	\$11,361 +

Patient payment is required at time of service. Your account must be in good standing in order for you to receive full sliding fee benefits.

HEALTH CENTER	Nominal Fee	Discounted Fee 1	Discounted Fee 2	Discounted Fee 3	Discounted Fee 4	
Medical Visits Behavioral Health Visits	\$10 per visit	\$15 per visit	\$20 per visit	\$25 per visit	\$30 per visit	No Discount
X-Ray / Mammography	Included With Office Visit Discounted Fee					
Laboratory (through arrangement with LabCorp)	Included With Office Visit Discounted Fee					

OPTOMETRY	Nominal Fee	Discounted Fee 1	Discounted Fee 2	Discounted Fee 3	Discounted Fee 4	
Optometric Exams (through arrangement with Dr. Voci)	\$10 per visit	\$15 per visit	\$20 per visit	\$25 per visit	\$30 per visit	No Discount

PHARMACY	Nominal Fee	Discounted Fee 1	Discounted Fee 2	Discounted Fee 3	Discounted Fee 4	
Prescriptions filled at East Jordan & Bellaire Health Center Pharmacies	Discounted 340B Drug Cost + \$4.00 Dispense Fee	Discounted 340B Drug Cost + \$6.00 Dispense Fee	Discounted 340B Drug Cost + \$8.00 Dispense Fee	Discounted 340B Drug Cost + \$10.00 Dispense Fee	Discounted 340B Drug Cost + \$12.00 Dispense Fee	No Discount

DENTAL SERVICES

East Jordan Family Health Center will pay the \$50 membership fee of Northern Dental Plan (NDP) for eligible sliding fee patients. The membership includes x-rays, an exam, a treatment plan, and access to the NDP sliding fee schedule for services. The NDP sliding fee schedule is shown below.

2026 Northern Dental Plan Income Guidelines for Sliding Fee Scale and Poverty Level Determination			
Poverty Level	≤ 100%	101%-150%	151%-200%
Family Size	Northern Dental Plan Bronze	Northern Dental Plan Silver	Northern Dental Plan Gold
1	\$0 - \$15,960	\$15,961 - \$23,940	\$23,941 - \$31,920
2	\$0 - \$21,640	\$21,641 - \$32,460	\$32,461 - \$43,280
3	\$0 - \$27,320	\$27,321 - \$40,980	\$40,981 - \$54,640
4	\$0 - \$33,000	\$33,001 - \$49,500	\$49,501 - \$66,000
5	\$0 - \$38,680	\$38,681 - \$58,020	\$58,021 - \$77,360
6	\$0 - \$44,360	\$44,361 - \$66,540	\$66,541 - \$88,720
7	\$0 - \$50,040	\$50,041 - \$75,060	\$75,061 - \$100,080
8	\$0 - \$55,720	\$55,721 - \$83,580	\$83,581 - \$111,440
For each additional person add	\$5,680	\$8,520	\$11,360
	100% Discount with Nominal Fee (\$20)	50% Discount	27% Discount



East Jordan Family Health Center
601 Bridge Street | East Jordan, MI 49727

Hours:

Monday – Friday: 8 a.m. – 6 p.m.
Saturday: 9 a.m. – 1 p.m.

For Appointments:

Tel: (231) 536-2206
Fax: (231) 536-7150



Pharmacy: (231) 536-2207
Fax: (231) 222-2235



Bellaire Family Health Center
4955 S M-88 Hwy | Bellaire, MI 49615

Hours:

Monday – Friday: 8 a.m. – 6 p.m.
Saturday: 9 a.m. – 1 p.m.

For Appointments:

Tel: (231) 533-8649
Fax: (231) 533-6778

Pharmacy: (231) 533-6655
Fax: (231) 533-5331



ON-SITE SERVICES

Primary Care Services
Physicals & Well Child Exams
Care Management

Immunizations
Integrated Behavioral Health
3D Mammography & X-ray

Pharmacy (with Drive Thru)
Clinical Pharmacist
Laboratory Services (LabCorp)

Patient Financial Services:
(231) 536-2206 Ext. 189

Language Interpretation Services
available through:
Language Link

Sliding Fee Program & Insurance Enrollment
Bellaire - (231) 533-8649
East Jordan - (231) 536-2206

Interpreter Services for individuals who are deaf or hearing impaired available through:
LIS'N

Prescription Renewal Line:
Bellaire (231) 533-8649 Ext. 622
East Jordan (231) 536-2206 Ext. 311

AFTER HOURS:

*If you are a patient and need to reach us After Hours for a non-emergency medical reason, please call (616) 391-9932. Spectrum Medical Group, and an after-hours service, will direct you in your options for care. Spectrum Medical Group cannot answer billing questions or refill prescriptions.

Laboratory Services Provided by: LabCorp
www.LabCorp.com
Bellaire: (231) 533-8649 ext 624
East Jordan: (231) 536-2206 ext 142



IT'S EASY TO GET COVERED AND STAY COVERED.