

Indian Family Health Clinic

No one will be denied care due to the inability to pay. Please get in touch with the IFHC Finance Office to see if you qualify for the sliding fee discount program.
Effective 10/1/23 (updated yearly based on federal poverty guidelines)

Sliding fee discounts are available to patients based only on INCOME, FAMILY SIZE, and no other factors.

Poverty Level*	At or Below 100%	>100 – 125%	>125% - 150%	>150% - 175%	>175%- 200%	Above 200%
Family Size	Income Level					
1	\$ - - \$ 14,580	\$ 14,581 - \$ 18,225	\$ 18,226 - \$ 21,870	\$ 21,871 - \$ 25,515	\$ 25,516 - \$ 29,160	\$ 29,161 +
2	\$ - - \$ 19,720	\$ 19,721 - \$ 24,650	\$ 24,651 - \$ 29,580	\$ 29,581 - \$ 34,510	\$ 34,511 - \$ 39,440	\$ 39,441 +
3	\$ - - \$ 24,860	\$ 24,861 - \$ 31,075	\$ 31,076 - \$ 37,290	\$ 37,291 - \$ 43,505	\$ 43,506 - \$ 49,720	\$ 49,721 +
4	\$ - - \$ 30,000	\$ 30,001 - \$ 37,500	\$ 37,501 - \$ 45,000	\$ 45,001 - \$ 52,500	\$ 52,501 - \$ 60,000	\$ 60,001 +
5	\$ - - \$ 35,140	\$ 35,141 - \$ 43,925	\$ 43,926 - \$ 52,710	\$ 52,711 - \$ 61,495	\$ 61,496 - \$ 70,280	\$ 70,281 +
6	\$ - - \$ 40,280	\$ 40,281 - \$ 50,350	\$ 50,351 - \$ 60,420	\$ 60,421 - \$ 70,490	\$ 70,491 - \$ 80,560	\$ 80,561 +
7	\$ - - \$ 45,420	\$ 45,421 - \$ 56,775	\$ 56,776 - \$ 68,130	\$ 68,131 - \$ 79,485	\$ 79,486 - \$ 90,840	\$ 90,841 +
8	\$ - - \$ 50,560	\$ 50,561 - \$ 63,200	\$ 63,201 - \$ 75,840	\$ 75,841 - \$ 88,480	\$ 88,481 - \$ 101,120	\$ 101,121 +
For each additional person, add	\$ 5,140	\$ 6,425	\$ 7,710	\$ 8,995	\$ 10,280	\$ 10,281

*Based on the 2023 Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>)

Primary Care Services

Medical and Psychiatric Provider Visits

CHARGE PER VISIT					
Nominal Charge \$5	Flat Fee \$20	Flat Fee \$25	Flat Fee \$35	Flat Fee \$45	Full Fee

Primary Care Ancillary Services

CHARGE PER VISIT FOR EACH SERVICE GROUP- WHEN PRIMARY CARE ANCILLARY SERVICES ARE PROVIDED WITHIN A PRIMARY CARE VISIT, THESE SERVICES ARE CONSIDERED PART OF THAT VISIT					
\$ -	Flat Fee \$2	Flat Fee \$3	Flat Fee \$4	Flat Fee \$5	Full Fee
\$ -	Flat Fee \$2	Flat Fee \$4	Flat Fee \$6	Flat Fee \$8	
\$ -	Flat Fee \$5	Flat Fee \$10	Flat Fee \$15	Flat Fee \$20	
\$ -	Flat Fee \$8	Flat Fee \$10	Flat Fee \$12	Flat Fee \$14	

Vaccination per Visit
Lab
Injection Administration per visit
Medical Procedures (Including IUDs)

Other Services

Mental Health Counseling (Brief)

CHARGE PER VISIT					
\$ -	Flat Fee \$2	Flat Fee \$4	Flat Fee \$6	Flat Fee \$8	Full Fee

Diabetes and Nutrition Services
Peer Support Services per Visit

Chair, IFHC Governing Board

Executive Director

Contracted Financial Officer



