



WHO CAN APPLY? HOW ARE THEY ELIGIBLE?



Anyone can apply. Eligibility is based on family size & income for those at or under 200% Federal Poverty Level.

WHAT SERVICES ARE COVERED?



The following services are covered under the discount program:

- Medical
- Behavioral
- Basic Dental
- Psych Testing
- Vision
- Surgical
- Hearing Aids
- Prescriptions
- Dental Appliances/Cosmetic
- Select Glasses/Frames/Lenses

WHAT DO PARTICIPANTS PAY?



• PER VISIT:

Participants in Slide A pay a NOMINAL fee. Those in Slide B-D pay an established fee.

• PER CHARGE:

All participants receive a discount (based on payment class) on the charges ABOVE the nominal fee. At the time of visit, they will pay the nominal fee or if discount applied to cost is greater than nominal fee, the discounted balance.

Patient Discounts under the SLIDING FEE DISCOUNT PROGRAM

are available at all our health centers and pharmacies.

10th Street	304.399.3366
A Woman's Place	304.697.2014
Coal Grove	740.532.1188
Ear, Nose and Throat	304.522.6388
East Huntington	304.399.3310
at FoodFair	304.399.3350
Fort Gay	304.648.5544
Gallipolis Ferry	304.675.5725
Harts	304.855.4595
Highlawn	304.781.5138
Huntington	304.525.0572
Hurricane	304.760.6040
Milton	304.743.1407
Ona	304.743.7141
Pharmacy East Huntington	304.525.4112
Pharmacy Huntington	304.399.3355
Pharmacy Wayne	304.399.3341
Point Pleasant Pediatrics	304.675.4107
at Pretera	304.399.7770
Southside	304.529.0645
Stepptown	304.393.4090
Teays Valley	304.757.8683
Upper Kanawha	304.595.1770
Wayne	304.272.5136
Westmoreland	304.781.5800

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

Cabell Midland, Harts Intermediate, Huntington High, Mountwest Community & Technical College, Southside Elementary/Huntington Middle, Spring Valley & Wayne High.



VALLEYHEALTH

Questions? Call 304.697.1396



VALLEYHEALTH
Quality healthcare in your neighborhood.

PATIENT DISCOUNTS

Find Out About How You Can
Save When You Use Our Services



www.valleyhealth.org

HOW CAN I APPLY?



PAPER

Ask for and complete a paper application 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.



ONLINE

Fill out a Sliding Fee Application. Income verification documents are required before you submit. If you have no proof of income, please legibly write on paper verifying you have no income source, sign and date. Documents can be taken as a photo on mobile devices and uploaded from there.



TIPS ON FILLING OUT THE APPLICATION



Documents that can be used to verify your income include:

- Most Recent Tax Return
- W-2
- 1 Month of Pay Stubs
- 1 Unemployment Stub
- Denials from Other Assistance

Determining Your Sliding Fee Payment Class

Family Size	A ≤ 100%	B 101%-133%	C 134%-166%	D 167%-200%
1	≤ \$12,060	\$12,061-\$16,040	\$16,041-\$20,020	\$20,021-\$24,120
2	≤ \$16,240	\$16,241-\$21,600	\$21,601-\$26,960	\$26,961-\$32,480
3	≤ \$20,420	\$20,421-\$27,159	\$27,160-\$33,897	\$33,898-\$40,840
4	≤ \$24,600	\$24,601-\$32,718	\$32,719-\$40,836	\$40,837-\$49,200
5	≤ \$28,780	\$28,781-\$38,277	\$38,278-\$47,775	\$47,776-\$57,560
6	≤ \$32,960	\$32,961-\$43,837	\$43,838-\$54,714	\$54,715-\$65,920
7	≤ \$37,140	\$37,141-\$49,396	\$49,397-\$61,652	\$61,653-\$74,280
8	≤ \$41,320	\$41,321-\$54,956	\$54,957-\$68,591	\$68,592-\$82,640

With Each of These Visits You Are Expected to Pay...

Medical	\$ 20.00	\$ 40.00	\$ 60.00	\$ 75.00
Behavioral	\$ 20.00	\$ 40.00	\$ 60.00	\$ 75.00
Audiology	\$ 20.00	\$ 40.00	\$ 60.00	\$ 75.00
Basic Dental	\$ 85.00	\$ 90.00	\$ 100.00	\$ 115.00
Psych Testing	\$ 85.00	\$ 90.00	\$ 100.00	\$ 115.00
Vision	\$ 65.00	\$ 90.00	\$ 100.00	\$ 115.00
Surgical	\$ 100.00	\$ 200.00	\$ 300.00	\$ 400.00

With Each of These Services You Are Expected to Pay...

	Nominal Fee	Or Discount of if over Nominal	Or Discount of if over Nominal	Or Discount of if over Nominal	Or Discount of if over Nominal
Dental Appliances/Cosmetic	\$500	30%	25%	20%	15%
Select Glasses/Frames & Lenses (excludes lens enhancements)	\$75	50%	40%	30%	20%
Hearing Aids (excludes batteries)	\$500	40%	35%	30%	25%
Prescriptions	\$4	50%	40%	30%	20%

WHEN & 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.

HOW WILL I KNOW IF MY APPLICATION IS APPROVED?

If eligibility is approved, you will receive a letter and sliding fee card in the mail. The patient's eligibility will be in effect for one year from the application. Any charges incurred at Valley Health during the three months prior to the approval day will be adjusted.

