

I QUALIFIED... NOW WHAT?

Review your statements

Look to see that we have billed your insurance company.

Look to see that we have applied any sliding fee discounts you may be eligible for.

If you do NOT see a sliding fee discount and you have submitted paperwork, please contact us immediately. We may be waiting on income documentation.

When processing applications, we can include charges that have occurred within the past 90 days and apply the discount.

What is a Nominal Fee?

THERE IS ALWAYS A BASE FEE OF $25.00

GCHC will always charge for services; however, based on your income you may only be responsible for a small fee of $25.

Payment of the fee is appreciated at the time of service. Once the sliding fee is applied to a bill, there may or may not be an additional balance due.

Please contact the billing department and set up payment arrangements that will fit with your budget. Pay your bills off within 28 days of the first statement date and we will adjust 10% off of your balance.



To apply, pick up an application today, or print one at www.glacierchc.org

How Often Do I Apply?

The discount is applied for one year or less.

You are notified by mail when it is time to renew your discount. You can update your application any time throughout the year, should your income change.

We can include charges that have occurred within the past 90 days and apply your discount.



GCHC's 340B drug discount program.

All patients should have a 340B card. Please ask if you need a new one! Patients with Medicaid will not receive a card, since the cost of prescriptions is covered.

The discount can apply at both Osco and Glacier Community Pharmacy in Cut Bank, and Northtown Drug in Shelby for prescriptions written by GCHC providers.

Updated 2/27/26

GLACIER Community Health Center

SLIDING FEE DISCOUNT PROGRAM



Medical and Behavioral Health

519 E Main St ~ Cut Bank

406-873-5670

Dental Clinic

505 E Main St ~ Cut Bank

406-873-5222

Glacier Community Pharmacy

601 W Main St ~ Cut Bank

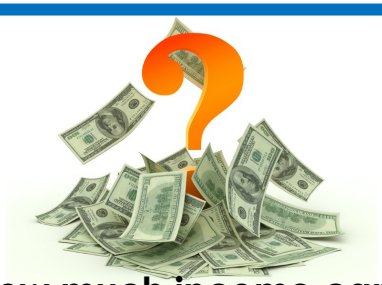
Drive thru or walk up located inside Big Sky Foods

406-873-0404

www.glacierchc.org

www.glacierpharm.com

YOU'RE NEVER TURNED AWAY FOR INABILITY TO PAY



How much income can I make and still qualify for a discount?

Because we are a Federally Qualified Health Center, we are able to discount your bills based on your income and family size, even if you have insurance.

If you have health insurance, we will bill your insurance, then apply the discount to any remaining balance.

Below is the maximum amount of income a household can earn and still qualify for a discount. Discounts range from 'A' to 'E'. See chart to the right. For more detailed information go to our website or call us.

People in household	200% of 2026 FPL Highest income to qualify
1 person in home	up to $31,920
2 people	up to $43,280
3 people	up to $54,640
4 people	up to $66,000
5 people	up to $77,360
6 people	up to $88,720
7 people	up to $100,080

All medical & behavioral health services are eligible for the sliding fee discount

IMPORTANT THINGS TO KNOW

Medical services will be discounted according to your sliding fee scale discount.

IF YOUR MEDICAL SERVICES include special order items *(such as an IUD or Synvisc injections)* you will be responsible for 100% of those costs. The remaining balance will be discounted according to your sliding fee scale.

GCHC Sliding Scale Discount

Slide "A" $25.00 nominal fee

Slide "B" is an 80% discount*

Slide "C" is a 60% discount*

Slide "D" is a 40% discount*

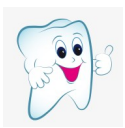
Slide "E" is a 20% discount*

***When applying the discount, the amount due will never go below our nominal fee of $25.**

Payment appreciated at time of service.

Pay your bills same day or within 28 days of first statement date and we will adjust 10% off of your bill.







All dental services are eligible for the sliding fee discount

IMPORTANT THINGS TO KNOW

Dental services related to preventive care will be discounted according to your sliding fee scale *(i.e. cleanings, exams, and x-rays).*

Any service considered a "procedure" will be billed, then discounted PER TOOTH *(see example below).*

IF YOUR DENTAL SERVICES include an outside lab fee *(crowns, night guards, etc),* you are responsible for 100% of the lab fee. The remaining balance will be discounted according to your sliding fee scale.

Example Bill for Sliding Fee 'B' *(80%)*

Filling #1 ..... $150.00

Minus Sliding Fee Discount.....$120.00

Filling #1 Bal. Due **$30.00**

Filling #2..... $200.00

Minus Sliding Fee Discount.....$160.00

Filling #2 Bal. Due **$40.00**

TOTAL DUE FOR THIS VISIT..... $70.00

This is only an example of "per tooth" billing. Charges may not reflect actual fees, and other charges may apply.

Always contact us if you have questions on your bill.