



**INDIVIDUAL NOTICE
NOTICE OF AVAILABILITY OF UNCOMPENSATED SERVICES**

PIONEER MEDICAL CLINIC (PMC) IN PIERCE, IDAHO IS REQUIRED BY LAW TO GIVE A REASONABLE AMOUNT OF ITS SERVICES WITHOUT CHARGE TO ELIGIBLE PERSONS WHO CANNOT AFFORD TO PAY FOR CARE.

UNCOMPENSATED SERVICES ARE LIMITED TO SERVICES PROVIDED BY PMC.

TO BE ELIGIBLE TO RECEIVE UNCOMPENSATED SERVICES, YOUR FAMILY INCOME MUST BE AT OR BELOW THE FOLLOWING LEVELS:

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$0)	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
1	0-\$15,650	\$19,563	\$23,475	\$27,388	\$31,300	\$31,301
2	0-\$21,150	\$26,438	\$31,725	\$37,013	\$42,300	\$42,301
3	0-\$26,650	\$33,313	\$39,975	\$46,638	\$53,300	\$53,301
4	0-\$32,150	\$40,188	\$48,225	\$56,263	\$64,300	\$64,301
5	0-\$37,650	\$47,063	\$56,475	\$65,888	\$75,300	\$75,301
6	0-\$43,150	\$53,938	\$64,725	\$75,513	\$86,300	\$86,301
7	0-\$48,650	\$60,813	\$72,975	\$85,138	\$97,300	\$97,301
8	0-\$54,150	\$67,688	\$81,225	\$94,763	\$108,300	\$108,301
For families/households with more than 8 persons, add \$5,500 for each additional person.						

IF YOU THINK YOU MAY BE ELIGIBLE FOR UNCOMPENSATED SERVICES, YOU MAY REQUEST THEM AT THE REGISTRATION DESK. PIONEER MEDICAL CLINIC WILL MAKE A WRITTEN CONDITIONAL OR FINAL DETERMINATION OF YOUR ELIGIBILITY FOR UNCOMPENSATED SERVICES AS FOLLOWS:

1. WITHIN TWO WORKING DAYS FOLLOWING A PRE-SERVICE REQUEST OR:
2. BY THE END OF THE FIRST FULL BILLING CYCLE FOLLOWING A POST-SERVICE REQUEST.