

## FINANCIAL ASSISTANCE PROGRAM

SLIDING FEE SCALE

Mile Bluff's Sliding Fee Scale Program offers free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

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Family Size	1	2	3	4	5	6	7	8
Yearly	\$0-	\$0-	\$0-	\$0-	\$0-	\$0-	\$0-	\$0-
Income	\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720

If your family size and yearly household income fall in the scale noted above, you MAY qualify for free medically necessary services. Even if you do not fall within the scale, you may still qualify for discounted services, so you may still apply. Please complete all sections of the attached application & provide the following supporting documentation (required):

- Copy of most recent federal tax return
- Copy of last (3) pay stubs
- Copy of last (3) bank statements, checking & savings
- Other income supporting documents (if applicable)
- BadgerCare decision letter
- Marketplace decision letter (if requested)

An application is not a guarantee of discounted services; application is subject to review by Financial Assistance Committee. If you have questions about payment plans or financial assistance, please contact one of our Financial Counselors at (608) 847-1497, (608) 847-9796, or fax (608) 847-2079, Monday through Friday 8am-4:30pm.

Return to:

Mile Bluff Medical Center Attn: Patient Accounts 1050 Division St Mauston, WI 53948