

THUNDERMIST SLIDING SCALE DISCOUNT PROGRAM 2026

Thundermist Health Center accepts all patients regardless of their insurance or financial status. We offer a Sliding Scale Discount Program for patients with or without insurance and whose income is at or below 200% of the Federal Poverty Level. Qualifications are based on:

Income—includes all income from all family members, except non-cash benefits such as food stamps and housing subsidies. You will be asked to provide proof of income, such as recent federal tax returns, current pay stubs, etc.

Family size—includes all individuals living in a household related to birth, adoption or marriage. It also includes unrelated family members living in the same household who are supported by or are supporting a member of the family.

Our staff will assist you in applying for the Sliding Scale Discount Program. Please let us know if we can answer any questions. Please note: this table is split into four categories (A-D). Numbers listed are the maximum income for that specific category and family size.

| Family Size | Income Measure | Category A | Category B | Category C | Category D |
|-------------|----------------|----------------------------|-----------------------|-----------------------|-----------------------|
| | | Less than or equal to 100% | Between 100% and 132% | Between 133% and 166% | Between 167% and 200% |
| 1 | Annual | \$15,960 (max) | \$21,067 (max) | \$26,494 (max) | \$31,920 (max) |
| 2 | Annual | \$21,640 | \$28,565 | \$35,922 | \$43,280 |
| 3 | Annual | \$27,320 | \$36,062 | \$45,351 | \$54,640 |
| 4 | Annual | \$33,000 | \$43,560 | \$54,780 | \$66,000 |
| 5 | Annual | \$38,680 | \$51,058 | \$64,209 | \$77,360 |
| 6 | Annual | \$44,360 | \$58,555 | \$73,638 | \$88,720 |
| 7 | Annual | \$50,040 | \$66,053 | \$83,066 | \$100,080 |
| 8 | Annual | \$55,720 | \$73,550 | \$92,495 | \$111,440 |
| 9 | Annual | \$61,400 | \$81,048 | \$101,924 | \$122,800 |
| 10 | Annual | \$67,081 | \$88,546 | \$111,353 | \$134,160 |

SLIDING SCALE FEES

| Service | Category A | Category B | Category C | Category D |
|--|--------------|------------|------------|------------|
| Medical – Primary Care | \$20 | \$30 | \$35 | \$40 |
| Medical – Procedural | \$20 | 30%* | 40%* | 45%* |
| Behavioral Health (Counseling) | \$5 | \$10 | \$15 | \$20 |
| Enabling Health Services ¹ | \$5 | \$5 | \$5 | \$5 |
| Dental - Preventative per visit | \$20/visit | 30%* | 40%* | 50%* |
| Dental – Restorative and Phase II, per visit | \$20/visit** | 30%* | 40%* | 50%* |

*Percentage of full fee / ** Plus lab fee (Please note: Ryan White & Title X programs have their own sliding fee scales.)

¹Covers such services as nutrition and tobacco cessation

Updated 3/17/26