



Family Health *La Clinica*

Patient Centered Medical Home

Family Health La Clinica
Medical, Behavioral Health,
Substance Recovery & Dental Centers

Toll Free: 1-800-942-5330

www.famhealth.com | @fhlcchc

Wautoma Medical, Dental, & Behavioral Health Center

400 South Townline Road
Wautoma, WI 54982
Phone: 920-787-5514

Mauston Dental Center

880 Herriot Drive
Mauston, WI 53948
Phone: 608-847-6700

Beaver Dam Dental Center

207 South University Avenue
Beaver Dam, WI 53916
Phone: 920-356-5012

Stevens Point Dental Center

3504 E Maria Drive
Stevens Point, WI 54481
Phone: 715-997-9802

Roche-A-Cri Friendship Behavioral Health & Recovery Center

302 W Lake Street
Friendship, WI 53934
Phone: 608-474-4355

SLIDING FEE RATES

*You will be required to meet with a Benefits Navigator
to determine your fee level.*

MEDICAL RATES *

LEVEL	FEE PER VISIT
ACP A	\$15.00
ACP B	\$20.00
ACP C	\$30.00
ACP D	\$50.00

BEHAVIORAL HEALTH RATES*

LEVEL	FEE PER VISIT
ACP A	\$ 5.00
ACP B	\$10.00
ACP C	\$15.00
ACP D	\$20.00

DENTAL RATES*

LEVEL	FEE PER VISIT
ACP A	\$15.00
ACP B	\$20.00
ACP C	\$40.00
ACP D	\$70.00

**Additional charges/rates may apply. The above rates do not
include the fees for Dental Special Services.*

The sliding fee program is based on a family size and income.

Documentation of a family's income is required. Your most recent Tax Return is the most common form of documentation used. If you do not file taxes you will need to speak to a financial counselor for alternative documentation.

The sliding fee program is available to ALL patients whether you have insurance or not.

FAMILY HEALTH LA CLINICA
 FINANCIAL CLASSIFICATION TABLE CY 2022
 Based on Poverty Income Guidelines published in Federal Register (published 1/12/2022)
 Effective 02/01/2022 - 01/31/2023

SLIDING FEE SCALE: FLAT FEE & % OF BILL THAT PATIENT PAYS BY INCOME RANGE											
SF Class		A		B		C		D		E	
FLAT FEE MEDICAL		15		20		30		50		100% PAY	
FLAT FEE BEHAVIORAL HEALTH		5		10		15		20		100% PAY	
FLAT FEE DENTAL		15		20		40		70		100% PAY	
FLAT FEE MOBILE UNIT		No Fee		5		10		15		100% PAY	
MEDICAL SPECIAL SERVICES		SEE MSSSFS		40% PAY		50% PAY		60% PAY		100% PAY	
DENTAL SPECIAL SERVICES		SEE DSSSFS		40% PAY		50% PAY		60% PAY		100% PAY	
Family Size		Family Income									
1	0	to	13,590	to	18,074	to	22,559	to	27,180	and up	
2	0	to	18,310	to	24,352	to	30,394	to	36,620	and up	
3	0	to	23,030	to	30,629	to	38,229	to	46,060	and up	
4	0	to	27,750	to	36,907	to	46,065	to	55,500	and up	
5	0	to	32,470	to	43,185	to	53,900	to	64,940	and up	
6	0	to	37,190	to	49,462	to	61,735	to	74,380	and up	
7	0	to	41,910	to	55,740	to	69,570	to	83,820	and up	
8	0	to	46,630	to	62,017	to	77,405	to	93,260	and up	
	100% and below			101% to 133%		134% to 166%		167% to 200%		201%	
% OF POVERTY LEVEL											

For families larger than 8 members, add \$4,720 to Poverty Level for each additional member.