



# 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](http://www.famhealth.com) | [@fhlcchc](https://twitter.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 2021  
 Based on Poverty Income Guidelines published in Federal Register (published 1/13/2021)  
 Effective 02/01/2021 - 01/31/2022

**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 12,880	to 17,130	to 21,381	to 25,760	and up
2	0	to 17,420	to 23,169	to 28,917	to 34,840	and up
3	0	to 21,960	to 29,207	to 36,454	to 43,920	and up
4	0	to 26,500	to 35,245	to 43,990	to 53,000	and up
5	0	to 31,040	to 41,283	to 51,526	to 62,080	and up
6	0	to 35,580	to 47,321	to 59,063	to 71,160	and up
7	0	to 40,120	to 53,360	to 66,599	to 80,240	and up
8	0	to 44,600	to 59,318	to 74,036	to 89,200	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 \$4,540 to Poverty Level for each additional member.