



Delton Family Medical Center | Elroy Family Medical Center  
Mile Bluff Clinic | Necedah Family Medical Center  
New Lisbon Family Medical Center

*Healthcare evolving for life*

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).

Family Size	1	2	3	4	5	6	7	8
Yearly Income	\$0-\$27,180	\$0-\$36,620	\$0-\$46,060	\$0-\$55,500	\$0-\$64,940	\$0-\$74,380	\$0-\$83,820	\$0-\$93,260

If your family size and yearly household income fall in the scale noted above, this means you are at or below 200% of the federal poverty level (FPL), and you qualify for free medically necessary services. Please complete sections 1-4 of the Sliding Fee Scale application and provide the following supporting documentation:

- Copy of most recent federal tax return
- Copy of last three (3) pay stubs, if applicable

If your family size and yearly household income exceed the amounts noted in the scale above, you are above 200% of the FPL, and you may qualify for discounted medically necessary services. Please complete all sections of the Sliding Fee Scale application and provide the documentation noted below:

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

If you have questions about the Sliding Fee Scale application, contact our Financial Coordinators at (608)847-1497 or (608)847-9796 Monday through Friday 8:00 a.m. to 4:30 p.m.

Return the completed application and supporting documentation to:

Mile Bluff Medical Center  
Attn: Patient Accounts-Financial Coordinator  
1050 Division Street  
Mauston, WI 53948-1931