



223 SOUTH 200 EAST  
ENTERPRISE, UTAH 84725

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### ENTERPRISE VALLEY MEDICAL CLINIC ELIGIBILITY AND SLIDING FEE 2025

Medical & Dental Slide	A-\$25	B-\$40	C-\$55	D-\$70	E-200%
Mental Health Slide	A-\$25	B-\$30	C-\$35	D-\$40	E-Max is \$45
Each Lab over \$100	A-\$25	B-\$30	C-\$35	D-\$40	E-200%
Sports Physical Only!!	A-\$25	B-\$30	C-\$35	D-\$40	E-Max is \$45
Annual Income and Family Size	0%-100% Poverty	101%-133% Poverty	134%-150% Poverty	151%-200% Poverty	Over 200% Poverty
1	\$15,650	\$20,815	\$23,475	\$31,300	Over \$31301
2	\$21,150	\$28,130	\$31,725	\$42,300	Over \$42301
3	\$26,650	\$35,445	\$39,975	\$53,300	Over \$53301
4	\$32,150	\$42,760	\$48,225	\$64,300	Over \$64301
5	\$37,650	\$50,075	\$56,475	\$75,300	Over \$75301
6	\$43,150	\$57,390	\$64,725	\$86,300	Over \$86301
7	\$48,650	\$64,705	\$72,975	\$97,300	Over \$97301
8	\$54,150	\$72,020	\$81,225	\$108,300	Over \$108301

For additional family members add \$5,500 per member

#### Additional charges as follows:

- Each lab over \$100 will be paid according to the Lab Slide. Payment will be required at the time of service.
- Durable Medical supplies do not qualify under the slide. Payment will be required at the time of service. (Ex: Knee Brace, Foot boot/brace etc.)
- Behavioral Health visits are according to the EVMC Mental Health Slide.
- Dental Vouchers will be according to EVMC Medical Slide.
- Sports Physical will be in accordance to EVMC Slide with a maximum fee of \$45.

*Initial indicating you have read and understand the information provided above.*

Initial \_\_\_\_\_

List all members in the household that are supported with the income provided,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PAYMENT DUE AT TIME OF SERVICE

I hereby certify that all the above information is true and accurate to the best of my knowledge. I understand that this information will be kept confidential and used only by EVMC for fee adjustment purposes.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EVMC Representative

\_\_\_\_\_  
Date