

**INDIVIDUAL NOTICE
NOTICE OF AVAILABILITY OF UNCOMPENSATED SERVICES**

PIONEER MEDICAL CLINIC (PMC) IN PIERCE, IDAHO IS REQUIRED BY LAW TO GIVE A REASONABLE AMOUNT OF ITS SERVICES WITHOUT CHARGE TO ELIGIBLE PERSONS WHO CANNOT AFFORD TO PAY FOR CARE.

UNCOMPENSATED SERVICES ARE LIMITED TO SERVICES PROVIDED BY PMC.

TO BE ELIGIBLE TO RECEIVE UNCOMPENSATED SERVICES, YOUR FAMILY INCOME MUST BE AT OR BELOW THE FOLLOWING LEVELS:

| SIZE OF FAMILY | POVERTY GUIDELINES |
|---|---------------------------|
| 1 | \$29,160.00 |
| 2 | \$39,440.00 |
| 3 | \$49,720.00 |
| 4 | \$60,000.00 |
| 5 | \$70,280.00 |
| 6 | \$80,560.00 |
| FOR EACH ADDITIONAL FAMILY MEMBER ADD: | \$10,280.00 |

IF YOU THINK YOU MAY BE ELIGIBLE FOR UNCOMPENSATED SERVICES, YOU MAY REQUEST THEM AT THE REGISTRATION DESK. PIONEER MEDICAL CLINIC WILL MAKE A WRITTEN CONDITIONAL OR FINAL DETERMINATION OF YOUR ELIGIBILITY FOR UNCOMPENSATED SERVICES AS FOLLOWS:

1. WITHIN TWO WORKING DAYS FOLLOWING A PRE-SERVICE REQUEST
OR:
2. BY THE END OF THE FIRST FULL BILLING CYCLE FOLLOWING A POST-SERVICE REQUEST.