



PATIENT CENTERED MEDICAL HOME

Noble Community Clinics

Call us at **1.800.942.5330**

Visit our website at **NobleClinics.org**

Follow us on social media at **@NobleClinics**

Noble Community Clinics - Wautoma

Medical, Dental, Behavioral Health, Substance Use
Recovery, Pharmacy

400 S Townline Rd., Wautoma, WI 54982

Noble Community Clinics - Mauston

Dental Center

880 Herriot Dr., Mauston, WI 53948

Noble Community Clinics - Beaver Dam

Dental Center

207 S University Avenue, Beaver Dam, WI 53916

Medical, Behavioral Health, Substance Use Recovery

1701 N Spring St., Beaver Dam, WI 53916

Noble Community Clinics - Stevens Point

Medical, Dental, Behavioral Health, Substance Use
Recovery, Pharmacy and Chiropractic

2501 Main St., Stevens Point, WI 54481

Noble Community Clinics - Friendship

Medical, Behavioral Health, Substance Use Recovery

302 W Lake St., Friendship, WI 53934

SLIDING FEE RATES

*You will be required to meet with a
Financial Counselor 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

PHARMACY RATES*

LEVEL	FEE PER PRESCRIPTION
ACP A	\$8.00 + drug cost
ACP B	\$10.00 + drug cost
ACP C	\$12.00 + drug cost
ACP D	\$14.00 + drug cost

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

The Sliding Fee Program is based on 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 with one of our Financial Counselors for alternative documentation. The sliding fee program is available to ALL patients whether they have insurance or not.



The Right Care, The Right Way.

1.800.942.5330

NobleClinics.org

NOBLE COMMUNITY CLINICS
 FINANCIAL CLASSIFICATION TABLE CY2025
 Based on Poverty Income Guidelines published in Federal Register (published 1/17/2025)
 Effective 02/01/2025 - 01/31/2026

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
PHARMACY**	8 + drug cost (nominal)	10 + drug cost	12 + drug cost	14 + drug cost	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 15,650	to 20,815	to 25,979	to 31,300	and up
2	0 to 21,150	to 28,130	to 35,109	to 42,300	and up
3	0 to 26,650	to 35,445	to 44,239	to 53,300	and up
4	0 to 32,150	to 42,760	to 53,369	to 64,300	and up
5	0 to 37,650	to 50,075	to 62,499	to 75,300	and up
6	0 to 43,150	to 57,390	to 71,629	to 86,300	and up
7	0 to 48,650	to 64,705	to 80,759	to 97,300	and up
8	0 to 54,150	to 72,020	to 89,889	to 108,300	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 \$5,380 to Poverty Level for each additional member.

** If the drug is on the Walmart \$4 list, the slide pricing will match the Walmart \$4 list. Sliding Fee pricing cannot be used in addition to insurance plans.