



NUTRITION-FOCUSED HEALTH

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Sliding-Scale Discount for Services Form

Slicing-scale discounts are available upon request to clients who fill out this form and are deemed eligible based on household income as a way to make nutrition counseling more accessible to clients. This form is valid for 6 months and will need to be updated accordingly to reflect any changes.

- Client Name:
- Address:
- Phone:
- Email:
- Insurance:
- Household size:

Please provide either your monthly or yearly income, you do **not** need to provide both:

- Monthly income:
- Yearly income:

- Client Signature: _____
- Date: _____

2025		
Federal Poverty Level (FLP)	Initial Appt fee	Follow-Up Appt fee
<100%	\$100	\$70
100-150%	\$116	\$81
151-200%	\$132	\$92
201-250%	\$148	\$103
251-300%	\$164	\$114
>300%	\$180	\$125

Click on the link below to see where your household income levels fall and compare it to the chart above.

-A detailed chart with the 2025 Federal Poverty Levels (FPL) percentages is found here, <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

-Updated information about the U.S. Federal Poverty Guidelines can be found here: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>