

SLIDING FEE SCHEDULE

We offer a sliding fee schedule based on family income and size. If you qualify, you may pay a lower flat fee for our services. You may be eligible for this program even if you have insurance.

The sliding fee schedule application is available at the check-in desk and on our web site at www.coldhollowdocs.org.

The Federal Poverty Guidelines will be used to determine eligibility for this program. If your yearly income falls within the levels, we encourage you to apply.

One proof of income is required to process your application. The documents below are acceptable proof of income:

- W-2 Form
- Income Tax Return
- Current pay stubs—3 months
- Bank statements showing direct deposits
- Unemployment, disability or Social Security notice
- Child support and/or alimony
- Pension or retirement income
- Letter from employer
- Documentation from any program determined by income eligibility
- Other method—please call

For any questions, please inquire at the check-in desk, call (802) 933-6664 or email us at info@coldhollowdocs.org

Schedule an Appointment Office Location:

84 Water Tower Road, Unit 1
Enosburg Falls, VT 05450

(802) 933-6664

Hours of Operation

- **Monday—8:00 am to 6:00 pm**
- **Tuesday—8:00 am to 6:00 pm**
- **Wednesday —8:00 am to 6:00 pm**
- **Thursday —8:00 am to 6:00 pm**
- **Friday —8:00 am to 6:00 pm**
- **Saturday—Closed**
- **Sunday—Closed**

We are closed on the following holidays:

- **New Year's Day**
- **Memorial Day**
- **Independence Day (July 4th)**
- **Labor Day**
- **Thanksgiving**
- **Christmas Day**

www.coldhollowdocs.org

(Version 01/02/2026, Implemented 01/02/2026)

Cold Hollow
Family Practice

primarycare
HEALTH PARTNERS

www.coldhollowdocs.org



Sliding Fee Schedule 2026

84 Water Tower Road, Unit 1

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Our Sliding Fee Discount Program is available to all patients who qualify based on their annual household income and size, even if you have insurance. Fees, co-pays, co-insurance, and deductibles are eligible for a sliding fee discount, inquire at check-in if you would like to apply.

Sliding Fee Schedule

Based on the 2026 Federal Poverty Guideline (FPG)

| Patient Visit Cost | | | | |
|----------------------------------|--------------------------------|--------------------------------|---------------------------------|---------------------------------|
| | Slide A 0-100% FPG | Slide B 101-150% FPG | Slide C 151-200% FPG | Slide D Over 200% FPG |
| Cold Hollow Family Practice Fees | Patient Pays \$50.00 per Visit | Patient Pays \$75.00 per Visit | Patient Pays \$100.00 per Visit | Patient Pays \$150.00 per Visit |
| Household Size | Household Income Per Year | | | |
| 1 person | \$0.00 - \$15,650 | \$15,651 - \$23,475 | \$23,476 - \$31,300 | \$31,301 - \$39,125 |
| 2 people | \$0.00 - \$21,150 | \$21,151 - \$31,725 | \$31,726 - \$42,300 | \$42,301 - \$52,875 |
| 3 people | \$0.00 - \$26,650 | \$26,651 - \$39,975 | \$39,976 - \$53,300 | \$53,301 - \$66,625 |
| 4 people | \$0.00 - \$32,150 | \$32,151 - \$48,225 | \$48,226 - \$64,300 | \$64,301 - \$80,375 |
| 5 people | \$0.00 - \$37,650 | \$37,651 - \$56,475 | \$56,476 - \$75,300 | \$75,301 - \$94,125 |
| 6 people | \$0.00 - \$43,150 | \$43,151 - \$64,725 | \$64,726 - \$86,300 | \$86,301 - \$107,875 |
| 7 people | \$0.00 - \$48,650 | \$48,651 - \$72,975 | \$72,976 - \$97,300 | \$97,301 - \$121,625 |
| 8 people | \$0.00 - \$54,150 | \$54,151 - \$81,225 | \$81,226 - \$108,300 | \$108,301 - \$135,375 |

Please Note: The above flat fees apply to charges for our services only. If you receive care at another facility, such as a specialist’s office, diagnostic imaging, the hospital, etc. you will be responsible for their fees. Often, hospitals have similar programs, so enquire about their “Patient Assistance” programs. For some lab tests, we send the specimens to an outside lab, and you will be responsible for their fees.

We have a Navigator on site who can help you apply for health benefits through the Vermont Health Insurance Exchange. If you are eligible for benefits, these can be used for all your health care.