



Policy Title: Sliding Fee Discount Program	Table of Contents
Policy Number: SFDP_PAF018	Policy 1
Effective Date: 8/2018	Purpose 1
Last Revised: 5/2019, 11/2022	Procedures 1-4
Classification: Billing	Appendices 5-8
Approval Authority: Governing Board	2019 FPL guidelines
Implementation Authority: Health Center Staff	SFDP schedule
Responsible Body: Chief Executive Officer	SFDP application

Policy:

To provide available medical services at a discount services to those in need.

Purpose:

To make health care services available and accessible to eligible patients by establishing fees based on their ability to pay, in accordance with federal regulations. The Sliding Fee Discount Program (SFDP) is intended to reduce financial barriers to care. The program is designed to provide free or discounted care to those who have no means. In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full.

Project Access Foundation (PAF) will offer a Sliding Fee Discount program (SFDP) to all who are unable to pay for their services. PAF will base program eligibility on a person’s ability to pay and will not discriminate on the basis of an individuals’ race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Procedure:

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** PAF will notify patients of the Sliding Fee Discount Program by:
 - Payment Policy Brochure will be available to all uninsured patients at the time of service.
 - Notification of the SFDP will be offered to each patient upon admission.
 - An explanation of our SFDP and our application form are available on PAF’s website.
 - PAF places notification of SFDP in the clinic waiting areas.

2. All patients seeking healthcare services at PAF are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**

3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The SFDP will only be made



available for clinic visits. Information and forms can be obtained from the Front Desk Specialists or the Practice Administrators.

4. **Administration:** The SFDP procedure will be administered through any administrative team member. Information about the SFDP policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.

5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.

6. **Completion of Application:** The patient/responsible party must complete the SFDP application in its entirety. By signing the SFDP application, persons authorize PAF access in confirming income as disclosed on the application form. Providing false information on a SFDP application will result in all SFDP discounts being revoked and the full balance of the account (s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, his/her application will be re-dated to the date on which s/he supplies the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the SFDP.

7. **Eligibility:** Discounts will be based on income and family size only. PAF uses the census Bureau definitions of each.

a. Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

b. Income includes earnings, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility from the program. **Self-declaration of income** may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to



PAF's CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with income at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.

10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$25 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by PAF's CEO or designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g. ability to pay, good will, health promotion event).

12. **Applicant notification:** The SFDP determination will be provided to the applicant(s) in writing, and will include the percentage of SFDP write off, or, if applicable, the reason for the denial. If the application is approved for less than 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with PAF. SFDP applications cover outstanding patient balances or six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last SFDP application.

13. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, PAF can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

14. **Record Keeping:** information related to SFDP decisions will be maintained and preserved in a centralized confidential file located in the Practice Administrator's office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the SFDP will be logged in a password protected document on PAF shared directory, noting names of applicants, dates of coverage and percentage of coverage.



b. The Practice Administrator will maintain an additional monthly log identifying SFDP recipients and dollar amounts. Denials will also be logged.

15. **Policy and procedure review:** Annually, the amount of SFDP provided will be reviewed by the CEO and/or designee. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

16. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program services will be placed into the budget as a deduction from revenue. Board approval for SFDP will be sought as an integral part of the annual budget.

Attachments:

2019 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program.



2022 Sliding Scale Discount Table

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level (up to)*	At or Below 100%	136-150%	151-200%	201-250%	251- 300%	301 - 400% +
Family Size	SLIDE A	SLIDE B	SLIDE C	SLIDE D	SLIDE E	SLIDE F
1	0-\$13,590- \$18,481	\$18,482 \$20,520	\$20,521- \$27,315	\$27,316- \$34,110	\$34,111- \$40,905	\$40,906 - \$54,595 +
2	\$18,310 - \$24,901	\$24,902- \$27,647	\$27,648- \$36,802	\$36,803- \$45,957	\$45,958- \$55,112	\$55,113 - \$73, 422
3	\$23,030 - \$31,320	\$31,321- \$34,774	\$34,775- \$46,289	\$46,290- \$57,804	\$57,805- \$69,319	\$69,320 - \$92,349
4	\$27,750 - \$37,739	\$37,740- \$41,902	\$41,903- \$55,777	\$55,778- \$69,652	\$69,653- \$83,527	\$83,528 \$111,277
5	\$32,470 - \$44,158	\$44,159- \$49,029	\$49,030- \$65,264	\$65,265- \$81,499	\$81,500- \$97,734	\$97,725 - \$130,204
6	\$37,190 - \$50,577	\$50,578- \$56,156	\$56,157- \$74,751	\$74,752- \$93,346	\$93,347- \$111,941	\$111,942 - \$149,131
7	\$41,910 - \$56,997	\$56,998- \$63,283	\$63,284- \$84,238	\$84,239- \$105,593	\$105,194- \$126,148	\$126,149 - \$168,058
8	\$46,630 - \$63,146	\$63,417- \$70,410	\$63,284- \$93,725	\$93,126- \$117,040	\$117,041- \$140,555	\$140,356- \$186,985
For each additional person, add	\$4,720	\$7,080	\$9,440	\$11,800	\$14,160	\$18,880

* Based on 2022 HHS poverty Guidelines (<http://aspe.hhs.gov>)



Sliding Fee Discount Schedules

Classification	A 0%-100%	B 101%-125%	C 126%-150%	D 151%-175%	E 176%-200%	E 201%+
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Comprehensive (initial, annual, etc)	\$25	\$45	\$65	\$85	\$100	\$175
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Average Established Visit	\$25	\$35	\$55	\$75	\$90	\$125
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Routine Lab	\$57	\$68	\$80	\$91	\$103	\$165
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Cervical Cancer Screening	\$50	\$70	\$90	\$110	\$130	\$150
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Sliding Fee Discount Application

It is the policy of Project Access Foundation, Inc. health center sites to provide primary care services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this health center site, but not those services or equipment that are purchased from outside entities, including medications, radiology, and radiology interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

Date	Name of Head of Household		
Street Address			
City	Zip Code	State	
Telephone Number/s:			
Cell	Home	Other	
Place of Employment			



Please list spouse and dependents under age 18

Name		Date of Birth		Name		Date of Birth	
Self				Dependent			
Spouse/Partner				Dependent			
Dependent				Dependent			
Dependent				Dependent			
Dependent				Dependent			
Dependent				Dependent			



Source	Self	Spouse/Partner	Other	Total
Gross wages, salaries, tips, etc.				
Income from nosiness, self-employment, and dependents				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Verification Checklist	Yes	No
Identification /Address: Driver's License, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		



Membership without having to provide Tax returns

Information about the membership offered by our Center for patients without insurance

- We offer **INDIVIDUAL MEMBERSHIP** worth \$30.00 per month. You must pay the first two months, \$60.00, in addition to the visit with the Doctor which is a \$30.00 Copayment, for a total of \$90.00
- We offer **COUPLE MEMBERSHIP** worth \$40.00 per month. You must pay the first two months, that is \$ 80.00, in addition to the visit with the Doctor which is a \$30.00 Copayment, for a total of \$110.00

INFORMATION for all types of membership

The monthly payment can be paid automatically using monthly bank drafts. We do the laboratories with reasonable agreed prices

We do ultrasounds the price varies depending on the type of ultrasounds these are paid cash.

If you membership lapses for any reason you must pay all months owed before reinstatement.

Doctors' visits without membership are 175.00. (2 visits)