Greater Prince William Community Health Center

Your Home for a Healthy Family and a Healthy Community

Sliding Fee Discount Program

The **Sliding Fee Discount Program (SFDP)** assures that patients have access to all services (primary care, OB-GYN, dental and/or behavioral health) regardless of their ability to pay.

A patient eligibility for the SFDP is **based solely on the basis of the patient's ability to pay and family/household size** and does not discriminate on the basis of age, gender, race, creed, sexual orientation, disability, national origin, or legal presence/status. **Documentation of income and family/household size are the sole factors considered in determining whether patients are eligible for the SFDP.** Photo identification is required to confirm patient identification.

If a patient/family/household **chooses not to provide information** required for determining income and family/household size the patient is ineligible for the SFDP.

Providing false information or information subsequently determined to be false on a SFDP application will result in all SFDP discounts being revoked and the full balance of the account(s) restored and payable immediately.

Based on documented income and family/household size, the patient will be assigned to a slide group between 1 and 5. Each group represents a Federal Poverty Level (FPL) category. The following discounts are available for patients eligible for the SFDP are as follows:

Group	**1**	**2**	**3**	**4**	**5**
Federal Poverty Level	**< 101%**	**101-133%**	**134-150%**	**151-200%**	**>200%**
Primary Medical Visit(1) Nominal Fee	$45	$50	$55	$60	Full Charge
Dental Visit(2) Nominal Fee	$25	$40	$46	$57	Full Charge
Prenatal Care(3) Nominal Fee	$1,040	$1,290	$1,550	$1,810	Full Charge
Behavioral Health Visit Nominal Fee	$25	$32	$40	$48	Full Charge
Laboratory Nominal Fee	$27	$30	$36	$45	Full Charge
Radiology Nominal Fee (Dental) Nominal Fee (OB-GYN)	$45 85	$ 65 131	$ 80 $160	$ 95 $189	Full Charge Full Charge
Prescription Nominal Fee	$3.00	$3.25	$3.50	$3.75	Full Charge

(1) Primary medical nominal fee covers the office visit only. Any additional services determined by the provider necessary as part of the office visit are provided on a Sliding Fee Discount Schedule and without regards to the patient's ability to pay.

(2) Dental nominal fee covers the comprehensive oral examination for the initial and annual dental visit only. The dental cleaning and any additional services determined by the provider necessary as part of the visit and/or subsequent visit are provided on a Sliding Fee Discount Schedule and without regards to the patient's ability to pay.

(3) Prenatal care nominal fee covers prenatal office visits during pregnancy and standard laboratory tests only. Any additional services determined by the medical professional necessary as part of prenatal care during pregnancy are provided on a Sliding Fee Discount Schedule and without regards to the patient's ability to pay.

Income includes earnings*, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, disability benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts, educational assistance, alimony, child support, assistance from outside the household, and all other miscellaneous sources.

Effective Date: **Immediate**
Approved Date: **03/12/09, 03/28/13, 06/25/13**
Revision Date: **04/29/15, 06/29/15, 02/24/16, 06/28/16, 08/01/16, 09/01/16,02/01/17, 07/15/17,10/01/17**

**Earnings* includes amounts received for worked performed (wages, salary, armed forces pay, commissions, tips, piece-rate payments, casual labor, day labor, domestic service (e.g., gardening, landscaping, housekeeping, daycare, babysitting, etc.) and cash bonuses earned) and self-employed gross income.

<u>DOCUMENTATION REQUIRED</u> to determining whether patients are eligible for the SFDP:

If A Person…	How Paid?	Tax Return	Forms
Employee	Check	Form 1040	Pay Stubs Covering Two Months
Employee	Cash	Form 1040	Income Verification Form
Employee	Just Started Work	Form 1040	Income Verification Form
Self Employed	Check / Cash Tax Return Filed	Form 1040 plus Sch C	
Self Employed	Check/Cash No Tax Return Filed		Income Verification Form Statements Covering Last Two Months
Currently Unemployed		Form 1040	Statement of Support Statements Covering Last Two Months
Non-Employee		Form 1040	Statement of Support & IRS Form 4506T
Benefits as Income		Form 1040	
Benefits as Supplement		Form 1040	Statement of Support
Other Income		Form 1040	Statements Covering Last Two Months
Tax Return Not Filed			IRS Form 4506T
Tax Return Not Available			IRS Form 4506T

Family/Household Size is one person or a group of people, who may or may not be related, living (or staying temporarily) at the same address and share common housekeeping responsibilities, and either share at least one meal a day or share common living accommodation (i.e. a living room or dining room). Resident domestic servants are included. Members of a family/household are not necessarily related by blood or marriage. Families/households may contain one or two or more families within them, but also household members other than members of the family, such as more distant relatives, friends, foster children, renters, roommates or **guests/visitors staying longer than 30 calendar days** (i.e., long-stay guest/visitors).

Based on documented income and family/household size, the patient will be assigned to a slide group between 1 and 5. Each group represents Federal Poverty Level (FPL) category:

Family / Household Size	**<u>Income Level 1</u>** <101% FPL	**<u>Income Level 2</u>** 101 – 133% FPL	**<u>Income Level 3</u>** 134 – 150% FPL	**<u>Income Level 4</u>** 151 – 200 % FPL	**<u>Income Level 5</u>** >200% FPL
1	$ 0 - $12,060	$ 12,061 - $16,040	$ 16,041 - $18,090	$ 18,091 - $24,120	$ 24,121 +
2	$ 0 - $16,240	$ 16,241 - $21,599	$ 21,600 - $24,360	$ 24,361 - $32,480	$ 32,481 +
3	$ 0 - $20,420	$ 20,421 - $27,159	$ 27,160 - $30,630	$ 30,631 - $40,840	$ 40,841 +
4	$ 0 - $24,600	$ 24,601 - $32,718	$ 32,719 - $36,900	$ 36,901 - $49,200	$ 49,201 +
5	$ 0 - $28,780	$ 28,781 - $38,277	$ 38,278 - $43,170	$ 43,171 - $57,560	$ 57,561 +
6	$ 0 - $32,960	$ 32,961 - $43,837	$ 43,838 - $49,440	$ 49,441 - $65,920	$ 65,921 +
7	$ 0 - $37,140	$ 37,141 - $49,396	$ 49,397 - $55,710	$ 55,711 - $74,280	$ 74,281 +
8	$ 0 - $41,320	$ 41,321 - $54,956	$ 54,957 - $61,980	$ 61,981 - $82,640	$ 82,641 +

+ $4,180 for each additional family member.

<u>Based on the revised Federal Poverty guidelines (Federal Register, Vol. 79, No. 14, January 31, 2017</u>

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Income Verification Form – If a patient is **paid cash** from one or more employer's (individuals, businesses and/or organization), or is paid cash from individuals, businesses and/or organization for casual labor, day labor and/or domestic service (e.g., gardening, landscaping, housekeeping, daycare, babysitting, etc.) and the cash paid is **not** included on the patient's tax return, the patient must provide a completed and signed Income Verification form from **each** employer and **each** non-employer (i.e., individuals, businesses and/or organization) for services.

Means of Support and Other Than Income – If some or all of a patient's support is derived from sources other than income (e.g., checking account(s), savings account(s), investment account(s), etc.) and/or means of support cannot be readily determined, the patient is required to provide statements for all accounts (e.g., checking account(s), savings account(s), investment account(s), etc.) covering the two most recent months.

Statement of Support Form – A patient that receives support (cash and/or non-cash) from one or more individuals, businesses and/or organization must provide completed and signed Statement of Support form from **each** individual, business and/or organization providing cash and/or non-cash support. The Statement of Support expires 30 days after determination of patient eligibility for SFDP; a new Statement of Support must be completed and signed by the patient's next appointment to continue eligibility for the SFDP.

A maximum of three Statements of Support from the same individual, business and/or organization that provides support (cash and/or non-cash) per household is accepted. Any further Statement(s) of Support beyond the maximum will be reviewed on a case-by-case basis for consideration of the patient's continued eligibility determination for SFDP.

Declaration of Shared but Separate Households Form – A patient's household shares the same address with one or more households for economic reasons. ***Each household has separate income and/or means of support.*** The households share the occupancy costs but otherwise are separate. The patient is permitted to declare shared but separate household to be considered for the patient's eligibility determination for SFDP.

For example, Jane Doe, an uninsured patient, shares a house with her sister. The costs of maintaining occupying the house (i.e., rent or mortgage payment, insurance, property taxes, maintenance, utilities, etc.) are shared but all other living expenses are separate. Jane Doe can declare a shared but separate household for SFDP eligibility determination.

Frequency of re-evaluation of patient eligibility – The SFDP application covers any fees incurred within 12 months after the approved date. Patient eligibility for SFDP is renewed at least once a year or upon the patient's next visit to the Center if more than one year has lapsed between visits. Should the patient's financial situation change significantly (e.g., lose employment, obtain employment, change in household, etc.) after approval but before 12 months has lapsed, the patient has the option to reapply for re-evaluation of patient eligibility for SFDP.

Patients with third party coverage who are also eligible for SFDS – The Center may serve patients with third party insurance that does not cover or only partially covers fees for certain services. These patients may also be eligible for the sliding fee schedule based on income and household/family size. In such cases, subject to potential legal and contractual limitations, the charge for each sliding fee schedule pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status. For example, John Doe, an insured patient, receives a service that has an established fee of $80, per the fee schedule. Based on John Doe's insurance plan, the co-pay would be $60 for this service. The Center has also determined, through an assessment of income and household/family size, John is at 150 percent of the FPG and thus qualified for the Center's SFDP. Under the SFDS, a patient at 150 percent of the FPG would receive a discount from the $80 fee, resulting in a charge of $40 or this service. Rather than the $60 co-pay, the Center would charge John Doe no more than $40 out-of-pocket, consistent with the SFDS, as long as this is not precluded by the insurance contract terms.

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In evaluating a patient eligibility for the Sliding Fee Discount Program in compliance with **federal regulations**, **it is necessary to ask personal questions about the patient and their family/household**. The answers provided by the patient and their family/household will be kept on file and in strict confidence. The patient's eligibility is **based solely on the basis of the patient's ability to pay (i.e., income) and family/household size** and does not discriminate on the basis of age, gender, race, creed, sexual orientation, disability, national origin, or legal presence/status.

Documentation of income, documentation of family/household size, and a photo identification to confirm patient identification must be provided in determining whether patients are eligible for the Sliding Fee Discount Program.

PATIENT INFORMATION

First Name	Middle Name	Last Name	Other Names
Home Address		City/State	Zip Code
/ / Date of Birth	--- --- Social Security Number	Marital Status: □ Single □ Married □ Divorced □ Separated □ Widowed	
( ) - Primary Phone Number	( ) - Alternative Phone Number	( ) - Emergency Phone Number	Emergency Contact Name

FAMILY / HOUSEHOLD INFORMATION

Name	Date of Birth	Relationship	Center Patient? (yes or no)
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

This application is valid for 12 months after the date approved. The patient must re-apply at least once a year. If the patient's financial situation changes significantly (e.g., loss of employment, obtain employment, change in household, etc.) and/or receives insurance coverage after this application is approved but before 12 months has passed, the patient must inform the Center and has the option to reapply for eligibility for the Sliding Fee Discount Program.

I have read and understand the Sliding Fee Discount Program and agree to comply with it. By signing this application page 1 of 2, I authorize the Center to confirm my income and family/household size. I verify that all information provided in determining eligibility is true and correct. I understand that providing false information or information subsequently determined to be false will result in all discounts being revoked and the full balance of the account(s) restored and payable immediately.

____

Completed By (Printed Patient/Responsible Person Name)

____

Signature Date

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Sliding Fee Discount Program Application (page 2 of 2)

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Based on documented income and family/household size, the patient has been assigned to slide __________. Each group represents Federal Poverty Level (FPL) category:

Family / Household Size	Income Level 1 <101% FPL	Income Level 2 101 – 133% FPL	Income Level 3 134 – 150% FPL	Income Level 4 151 – 200 % FPL	Income Level 5 >200% FPL
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I have read and understand the Sliding Fee Discount Program and agree to comply with it. By signing this application page 2 of 2, I understand the Center has assigned me to slide __________ based on the documentation of income and family/household size. I authorize the Center to confirm my income and family/household size.

I authorize the Center to confirm my income and family/household size. I verify that all information provided in determining eligibility is true and correct. I understand that providing false information or information subsequently determined to be false will result in all discounts being revoked and the full balance of the account(s) restored and payable immediately.

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