

INSERT FACILITY NAME/LOGO HERE

Sliding Fee Discount Program Policy & Procedure

FACILITY NAME Office Policies

Subject: Sliding Fee Discount Program

Effective Date: Insert Date

Policy: To make available free or discounted services to those in need.

Purpose

FACILITY NAME recognizes the individual's right to quality health care regardless of an individual's ability to pay; whether payment for services would be made under Medicare, Medicaid, or CHIP; and the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. FACILITY NAME determines eligibility for financial assistance based on family size and income.

Procedure

Application Process

FACILITY NAME will make efforts to notify patients and the community of this policy, the ability to obtain financial assistance, and the qualification requirements for such assistance. All communications will be written in an appropriate format and language to be understood by the general public.

FACILITY NAME will:

- Post signs at the admission areas
- Provide information on website
- Provide Sliding Fee Applications to patients at the front desk

Identification of patients with a potential need for financial assistance will also be accomplished by a variety of screening opportunities including:

- A. Admissions/registration personnel based upon information received during the registration process.
- B. Social Services personnel based upon information during the initial visit and discharge planning.
- C. Support staff based upon information received during discussions with family and/or the patient.
- D. Business office personnel based upon status of accounts and discussions with the responsible party.
- E. Accounts receivable reports.

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FACILITY NAME staff identifying patients with potential need will notify the patient financial counselor, admissions director, or billing office. Staff or the notified patient advocate will educate the patient or guarantor about the financial assistance policy and will provide an application for financial assistance.

If necessary, the patient financial counselor or other staff may assist the patient in completing the application; however, the completion of an application and providing all necessary supporting documentation is the patient's responsibility.

Patients may also request an application or additional information in person at the front desk or by calling the patient financial counselor to have an application mailed.

Financial Counseling is available at FACILITY NAME, and applicants having difficulties understanding or completing the application are encouraged to meet with the Patient Financial Counselor for assistance.

The patient is required to complete FACILITY NAME's financial assistance application form and supply all personal, financial, and other information requested on the application in order for FACILITY NAME to make a determination of financial need.

Eligibility Criteria for Granting Financial Assistance

FACILITY NAME's financial assistance application is available to all patients served at our facility and eligibility for sliding fee discounts is based on income and family size only. Eligibility will be determined by income level based on the current poverty guidelines established by the Department of Health and Human Services. Individuals/families under 100% of the FPG are eligible for a full discount. Those with incomes above 100% of poverty, but at or below PERCENTAGE% of poverty, will be charged a discounted fee according to the attached sliding fee schedule. However, patients will not be denied services due to an inability to pay. Patients of FACILITY NAME often receive services from providers that do not bill services through the facility, such as charges from physicians, radiologists, and pathologists. FACILITY NAME cannot grant financial assistance to forgive the charges of other businesses, and the patient will contact these providers to pay or otherwise settle those liabilities.

Definition of Income

Income includes gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources. Income verification: Applicants may 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

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individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self- declaration of income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

Definition of a Family

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. FACILITY NAME will also accept non-related household members when calculating family size.

Record Keeping and Approval/Denial Process

Applications will be processed in a timely manner after receipt of required information. Notification of financial assistance will be made to the patient/guarantor by contact from the Director of Financial Services upon final determination for applications received. The eligibility of each applicant will be approved and authorized based on this policy.

All financial documentation pertaining to the application and determination will be kept confidential. Documents will be destroyed as established in the FACILITY NAME's Record Retention Policy.

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 an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, FACILITY NAME can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.

Policy and Procedure Review

The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. FACILITY NAME will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to services.

Frequency of Re-Evaluation

FACILITY NAME will re-evaluate applicants' financial situation annually to determine if they still qualify. In cases where unusual circumstances arise such as a change in income or unexpected medical expenses, FACILITY NAME will re-evaluate to determine if the applicant still qualifies.

Nominal Fees

FACILITY NAME does not charge nominal fees for our services.

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ATTACHMENTS:

2024 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

APPROVAL: _____

REVISED: _____

REVIEWED BY: _____

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