

Roxboro Location: ☐ Medical ☐ Behavioral Health ☐ Dental ☐ Caswell Dental Site

**SLIDING FEE APPLICATION GOOD FOR ONE YEAR FROM EFFECTIVE DATE**

**Sliding Fee Application**

[To be completed by patient/guardian. Please complete ALL family information below.]

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Return to PFMC by \_\_\_\_/\_\_\_\_/\_\_\_\_

							For Internal Use Only	
Name	Family Relation	Date of Birth	ID Number (DL, etc.)	Income	Frequency	Type of Income Documentation	Date all Documentation Received/Verified	Documentation Received By

I understand that the information I provide on this form is subject to verification by Person Family Medical & Dental Center. I certify that the above information is true and correct to the best of my knowledge and that I have read, understand, and agree to adhere to all terms and conditions of the Sliding Fee Discount Program.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

(DO NOT write below this line. To be completed by Person Family Medical & Dental Center.)

Acceptable Income Documentation [Enter (x) if verified and obtained]		Calculated Amount Associated w/ Documentation
<input type="checkbox"/>	Current Federal Tax Return	
<input type="checkbox"/>	Check stub(s) with employer name, income, socials security #, hours worked, and rate of pay; weekly income*# of weeks/12=.	
<input type="checkbox"/>	Company letter stating annual earnings (Letter must contain a contact person and phone number for contact.	
<input type="checkbox"/>	Official Letters/documents from Social Security, Courts, Child Support, ESC, etc.	
<b>Total Income Amount</b>		

<b>Total Number of Family Members Applying for the Sliding Fee Program</b>	
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Enter (x) if verified and obtained	Verified and Obtained Information
<input type="checkbox"/>	Acceptable identification for each family member listed on Sliding Fee Program Application
<input type="checkbox"/>	All family member(s) name(s) and date(s) of birth listed on Sliding Fee Program Application.

Qualified Poverty Percentage	Medical/Dental Slide Category	Slide Effective Date	Slide Termination Date

\_\_\_\_\_  
Signature of Person Family Medical & Dental Center Staff

\_\_\_\_\_  
Date

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## PERSON FAMILY MEDICAL & DENTAL CENTER

### SLIDE FEE DISCOUNT POLICY

#### Sliding Fee Discount Program

Person Family Medical & Dental Center's (PFMDC) governing Board provides oversight and approval of the Sliding Fee Discount Program and ensures that the policies improve access to care and ensures that no patient will be denied services regardless of ability to pay. The Sliding Fee Discount Program is a federal program that permits PFMDC to discount normal charges for medical (including behavioral health) and dental services. Sliding fee patients have the option of getting their prescriptions filled through PFMDC's 340B drug pricing program at the participating pharmacy. They must utilize the designated pharmacy and follow any applicable guidelines of the 340B program. SFD applications are available at registration for anyone that would like to apply. Every service within PFMDC approved scope of project which has an established charge will be available to all health center patients regardless of ability to pay. Patients are informed of this discount through check in and check out signage during the registration process, organizational brochures and via the website. This information will be available in appropriate languages and literacy level for PFMDC's patients.

#### Multiple Sliding Fee Discount Scale Development and Evaluation

PFMDC's Board approved policy, dictates that individuals and families with annual incomes at or below 100 percent of the FPG must receive a full discount for services and pay only a nominal charge. A discount to individual patients and families with annual incomes at or below 200 percent of the FPG, and fees discounted based on family size and income for individuals, and families with incomes above 100 percent and at or below 200 percent of the FPG and those patients with incomes above 200 percent of the Federal Poverty Guidelines will not receive a discount. PFMDC's routinely evaluates each SFD scale and policy to ensure that it does not create a barrier to care. Through patient surveys on a routine basis and presented to the Board annually. Due to the cost of non-preventive dental services being at a much higher cost than medical costs and different billing requirements, PFMDC has established a different sliding fee scale discount for dental services.

#### Eligibility

All PFMDC patients are eligible to apply for the Sliding Fee Discount. According to federal law, it requires two pieces of information in order to establish eligibility: income and family size. The health center has a plan for routinely evaluating each SFD and presenting this information to the board to ensure that it does not create a barrier to care. Patients that have insurance may apply for the Sliding Fee Discount to help lower costs for non-covered services. Based on insurance contractual limitations of third-party payors for PFMDC, copays cannot be discounted. Sliding Fee Scale eligibility is based on providing acceptable proof of income as well as listing all persons within the family within seven days of the date of the application per Board approved policy. Patients are considered to be declining to be accessed for eligibility for SFD's if all required documentation (income and family size) is not received within seven days. Patients that have insurance may apply for the Sliding Fee Discount to help lower costs for non-covered services.

Sliding Fee Scale eligibility is based on of providing acceptable proof of income as well as listing all persons within the family (household size) within seven days of the date of the application per Board approved policy. Patients are considered to be declining to be accessed for eligibility for SFD's if all required documentation (income and family size) is not received within seven days.

#### Term

The Sliding Fee Discount application will be effective twelve (12) months from the date of the signed application. Upon registration, patients will be asked to report any changes in family income and household size. Falsification of this information will result in forfeiture of your Sliding Fee Discount privileges and possible disqualification from the slide fee discount program as it is a violation of Federal Law.

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## Definitions and Examples of Acceptable Proof Required

### Income Determination

1. Income is based on the gross income/wages of all family size members earning income.

Income used to compute poverty status:

- Includes earnings, 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 family size, and other miscellaneous sources. Social Services Agency [i.e., TANF, Food Stamps or WIC] automatic designation of minimum sliding fee; use the amount of food stamps received each month and multiply by 12 months.
  - Noncash benefits (such as food stamps and housing subsidies) can be used.
  - If a person lives with a family, add up the income of all members in the family size.

2. Acceptable forms of proof for determining income include the following:

- a. Current W-2 or Income Tax Return: A signed copy of the most recent tax return showing **Total Income**.
- b. Paycheck stub: One of the most recent pay stubs indicating **gross pay** within the past thirty (15) days.
- c. Statement: A letter from the Social Security Administration, Veterans Administration or Social Service Agency (i.e., TANF, Food Stamps, or WIC) indicating income level.
- d. Unemployment Verification: Paperwork from the Employment Securities Commission (ESC) proving unemployment status and the amount of unemployment compensation being received. (Weekly amount will be calculated by 52 weeks to get the annual income because the federal poverty guideline is based on an annual amount. Example: \$310 weekly X 52 weeks = \$16,120.00 as the annual income.)
- e. Court Documents: Official documents citing child support or alimony as awarded by a judge.
- f. Official Paperwork: Paperwork documenting retirement, disability, SSI benefits.
- g. Employer Letter: For those not receiving an actual paycheck, a letter from the patient's employer detailing current **gross income** and frequency of pay periods can be used. Contact information should be provided so that information can be verified.
- h. If self-employed use adjusted gross income; if the dollar amount is negative, enter zero as dollar amount as income. If a recent tax form is not provided, then the applicant will be required to complete a Self Declaration of No Income form.
- i. No Income – Statement from the unemployment agency will be required along with a completed Self Declaration of No Income Form.
- j. Tax Forms: 1040 use line 22 1040A use line 15      1040EZ use line 1      Self-employed use line 37

### Family Size Determination

1. All members of a family size who are pooling financial resources including room and board and/or are supporting one another financially are counted as one family size.
2. Family size can be documented with any of the following.
  - a. A copy of the most recent tax return showing family size.
  - b. Social Security card
  - c. Birth Certificate
  - d. Medicaid cards for any dependent children
  - e. Driver's License or State ID cards
  - f. Court or government documents that indicate the number of members in family size
  - g. Rental agreements or a letter from the landlord that indicates the number of family size members. Contact information must be provided so that information can be verified.

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**Calculating Gross Income:**

- ✚ When using pay stub, make sure to use **GROSS** wages, not net pay. Gross wages include OVERTIME and TIPS.
- ✚ When using a social security statement, make sure to use the GROSS benefits, not the net of benefits less Medicare withholding.
- ✚ For self-employed individual, use **LINE 37** (adjusted gross income) from the Form 1040, not just self-employment income. If taxes were not filed, then a self-declaration form will be required.
- ✚ Proof of public assistance automatically determines a maximum slide: you can use the amount received each month and then multiply by 12 months. Example of this assistance includes food stamps, public housing, SSI, or any other welfare programs.

**Calculating Annual Income based on information provided:**

- ✚ If a weekly pay stub is provided, the gross wages should be multiplied by **52 WEEKS**. Multiplying the amount by 4 to get a monthly total and then multiplying by 12 months **DOES NOT WORK** ( $4 \times 12 = 48$ ).
- ✚ If a bi-weekly (every two weeks) pay stub is provided, the gross wages should be multiplied by **26 PAY PERIODS**. Multiplying by 2 to get a monthly total and then multiplying by 12 months **DOES NOT WORK** ( $2 \times 12 = 24$ ).
- ✚ If a semi-monthly (paid twice a month, i.e., the 15<sup>th</sup> and the 30<sup>th</sup> of the month) pay stub is provided, multiply the gross wages by **24 PAY PERIODS**.

**Calculating Family Size:**

Ensure that the family size includes the patient AND any additional dependents or family members listed.

**Effective Date of Sliding Fee Application:**

The application is approved for one year; application will be re-evaluated on a yearly basis.

**Sliding Fee Discount Scale– Medical Services (Including Behavioral Health)**

Slide A = below 100% FPL, receives 100% discount; the nominal fee is \$20 and includes labs

Slide B = 101% - 125% FPL, the set fee is \$35 with labs included

Slide C = 126% - 150% FPL, the set fee is \$45 with labs included

Slide D = 151% - 175% FPL, the set fee is \$75 with labs included

Slide E = 176% - 200% FPL, the set fee is \$85 with labs included

Slide F = above 201% FPL, 100% of charges.

**Dental Services**

Slide A = below 100% FPL, receives 100% discount; the nominal fee is \$20

Slide B = 101% - 125% FPL, fee is 20% of the total charges (not to be less than \$20)

Slide C = 126% - 150% FPL, fee is 40% of the total charges.

Slide D = 151% - 175% FPL, fee is 60% of the total charges.

Slide E = 176% - 200% FPL, fee is 80% of the total charges.

Slide F = above 201% FPL, 100% of total charges.

**Billing & Collections:**

Payments (SFD or the nominal fees) are expected at the time services are rendered. Our nominal fee is \$20.00 for medical and \$20 for dental. If the patient is unable to pay their balance or the nominal fee at the time that services are rendered, then the patient's account will be billed. The patient is expected to pay the balance prior to their next visit. This will be conveyed to the patient upon check in and check out.

***Patients are considered to be declining to be accessed for eligibility for SFD's if all required documentation (income and family size) is not received within seven days.***



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Every reasonable effort will be made to collect appropriate reimbursement from third party payors based on the patient's eligibility. If the patient has applied and is eligible for the sliding fee discount, then that discount will be applied to the patient's unpaid balance from third party payors. Patients are mailed a monthly statement of their account at the beginning of each month. If a patient's account is over 60 days past due and in arrears of \$400 then the account will be flagged, and the patient will be referred to the billing department for financial counseling and payment arrangements set up.

**Refusal to Pay**

An individual's ability to pay for services rendered is not circumstantial. When appropriate financial information has been gathered and documented, including family size, the individual's ability to pay for services is determined. Payment is expected at the time of service, in accordance with this determination. Executed payment plans are expected to be followed. If payment is not forthcoming, it is determined that the individual is refusing to pay for services and only essential services (at the Medical Director's discretion) will be provided. Example: Patient A is determined to be a 50% pay patient. Patient A says that he cannot pay for services because his car broke down and had to be repaired. This example is NOT an inability to pay for services, but a refusal.

**Inability to Pay**

An individual's ability to pay for services rendered is not circumstantial. Persons who have no income and rely upon others for basic day-to-day needs might be considered incapable or unable to pay for services. Even a nominal fee might prove to be a barrier to care. Services will not be denied to individuals with an inability to pay for such services. Example: Patient B is unemployed and lives with his grandmother who provides for food and a roof over his head. Patient B has an inability to pay for services. He will be charged a nominal fee, but services will not be denied based on his inability to pay.

PFMDC Staff must sign and date the application to verify that all information was reviewed. All sliding fee applications expire one year from the date signed and support documentation must be resubmitted in order to receive the current Sliding Fee Discount which is updated yearly upon the release of the Federal Poverty Guidelines.

**Board Approved:**

*Donelle Burman*

Date 11/10/22

**Board Chairman**

*Alan A. VA*

Date 11-10-2022

**Chief Executive Officer**