

## **HORNER FAMILY PRACTICE SLIDING FEE POLICY**

**MUST BE RETURNED WITHIN 14 DAYS**

**SUBJECT:** SLIDING FEE SCALE

**EFFECTIVE DATE:** 04/01/2015

**POLICY:** To make available discount services to those in need.

**PURPOSE:**

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling with someone who can understand and offer possible solutions for those who cannot pay in full. The patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Horner Family Practice will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Horner Family Practice will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, creed, disability, or national origin. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule to determine eligibility.

**PROCEDURE:**

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

1. All patients seeking healthcare services at Horner Family Practice 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.
2. Request for discount services may be made by patient, family members, social services staff or others who are aware of existing financial hardship.
3. Administration: The Sliding Fee Discount Program procedure will be administered through the Business office. Information will be provided with dignity and confidentially.
4. Alternative payment sources: All alternative payment resources must be exhausted, including all third party payment from insurance(s), Federal and State programs.
5. Completion of Application: The patient/responsible party must complete the program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Horner Family Practice access in confirming income as disclosed on the application form. Providing false information on the application will result in all Sliding Fee Discount Programs discounts being revoked and the full balance of the account(s) restored and payable immediately. If a patient does not provide the requested information within the two week time period, no discount will be granted and patient will be billed the full amount of the original balance.
6. Eligibility: Discounts will be based on income and family size only.
7. Income Verification: Applicants must provide one of the following: prior year W-2, three 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. Self-declaration of income may only be used if participant's 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.

8. Discounts: see sliding scale
9. Nominal Fee: \$20.00 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.

10. Applicant notification: The determination will be provided to the applicant in writing, and will include the percentage of discount or reason for denial. Applications approved will cover 6 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 6 months have expired or anytime there has been a significant change in the family income.
11. Refusal to pay: If a patient verbally expresses unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding payment obligations. If the patient is not on the sliding fee schedule a copy of the discount application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 14 days, this constitutes refusal to pay. At this point in time, Horner Family Practice can explore options not limited, but including offering the patient a payment plan, or referring the patient to collection.

**Attachments:**

**2016 Sliding Fee Schedule and Patient Application**

**HORNER FAMILY PRACTICE SLIDING FEE DISCOUNT APPLICATION**

**NAME OF HEAD OF HOUSEHOLD      DATE OF BIRTH      EMPLOYER**

**ADDRESS      PHONE**

**HEALTH INSURANCE PLAN      SOCIAL SECURITY NUMBER**

**PLEASE LIST SPOUSE AND DEPENDENTS UNDER AGE 18**

<b>NAME</b>	<b>DATE OF BIRTH</b>
SELF Form Form	03/06/2015

SPOUSE

DEPENDENT

**ANNUAL HOUSEHOLD INCOME**

<b>SOURCE</b>	<b>SELF</b>	<b>SPOUSE</b>	<b>OTHER</b>	<b>TOTAL</b>
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Gross wages, salaries, tips, etc.

Social Security, pension, annuity, and  
veteran's benefits

Alimony, child support, military family  
allotments

Income from business, self employment,  
and dependents

Rent, interest, dividend and other  
income

**Total Income**

I certify that the family size and income information shown above is correct. Copies of tax returns, pay stubs and other information verifying income may be required before a discount is approved.

Print Name: Form Form

Date: 02/13/19

Signature:

Office use only:

- Verification Checklist (attach copies)
- Identification/Address: driver's license
- Income: prior year taxes, three most recent pay stubs
- Insurance card(s)
- Medicaid: Application made or evidence of rejection

Discount:

Approved by:

Date of Approval: 02/13/19

# HORNER FAMILY PRACTICE SLIDING FEE SCALE 2019

POVERTY LEVEL	100%	125%	150%	175%	200%	>200%
FAMILY SIZE	MINIMUM FEE	20% PAY	40% PAY	60% PAY	80% PAY	100% PAY
1	12,490	15,613	18,735	21,858	24,980	>= 24,981
2	16,910	21,138	25,365	29,593	33,820	>= 33,821
3	21,330	26,663	31,995	37,328	42,660	>= 42,661
4	25,750	32,188	38,625	45,063	51,500	>=51,501
5	30,170	37,713	45,255	52,798	60,340	>=30,341
6	34,590	42,238	51,885	60,533	69,180	>=61,180
7	39,010	48,463	58,515	68,268	78,020	>=78,021
8	43,430	54,288	65,145	76,003	86,860	>=86,861

\*For family units of more than 8 members, add \$4,420 for each additional member.

\*Minimum fee is \$20