



## SLIDING FEE DISCOUNT PROGRAM POLICY

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

### Sliding Fee Discount Program

The Sliding Fee Discount Program (SFDP) is a federal program that permits **Triad Adult and Pediatric Medicine (TAPM)** to discount normal charges for all services rendered at any of the TAPM offices. The policy ensure that the sliding fee discount program is patient-centered, improves access to care, and assures that no patient will be denied health care services due to an inability to pay. The sliding fee program is reviewed annually by the board of directors to determine the efficacy of the program and ensure there are minimal barriers to care. The board has a majority of patient representatives who determine the reasonableness of the nominal fees amounts. The nominal fee amounts and the federal poverty guidelines are reviewed and updated annually. The sliding fee discount program requires two pieces of information in order to qualify: the amount of money earned in the family size and the number of people who live in the family size. **In order to be eligible for the Sliding Fee Scale, one must provide accurate and acceptable proof of income as well as list all persons within the family size within 7 days of the date the application is signed or the patient will be responsible for 100% of all charges.** Patients must report any changes in family income or number of members in the family size when these changes occur. Falsification of this information will result in forfeiture of Sliding Fee Scale privileges and possible release from the practice.

TAPM will notify patients of the Sliding Fee Policy by placing notification in the clinic waiting area and posting the policy and on our website ([www.tapmedicine.com](http://www.tapmedicine.com)).

### Eligibility

TAPM will offer a Sliding Fee Discount Program to all who are unable to pay for their services. TAPM will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's 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. All **TAPM** patients are eligible to apply for the slide discount program. Determination of the discount, if any, is dependent upon family/household income and family size in comparison to the current Federal Poverty Guidelines. The discount may apply to Insurance deductibles as well as non-covered services. Total of pocket expense for the patient should not exceed the slide fee amount unless prohibited by an insurance company.

### Term

Information must be updated annually - every twelve (12) months or with any change of household income or family size. Patients are required to inform TAPM of any change to income and family size.

**Definitions and Examples of Acceptable Proof Required Income Determination**

1. Income is defined as the gross income/wages of all household 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. **Noncash benefits (such as food stamps and housing subsidies) do not count.**

- 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. Pay check stub: **4 of the most recent pay stubs indicating gross pay within the past thirty (60) days.**
- c. Statement: A letter from the Social Security Administration, Veterans Administration or Social Service Agency 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 pay check, a letter from the patient's employer detailing current **gross income** and frequency of pay periods may be accepted. **Contact information must be provided so that information can be verified.**
- h. If self-employed, use net income; if the dollar amount is negative, enter zero as dollar amount as income. If a recent tax form is not provided, the applicant will be required to complete a **Self Declaration of No Income form.**
- i. **No Income – 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/Household Determination**

1. Definition: All members of a family size who are pooling financial resources in a shared household is counted as one family size. 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.

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.
- h. Contact information must be provided so that information can be verified.

**\*\*I have read the Sliding Fee Policy and I understand and agree to adhere to all the terms and conditions of the Sliding Fee Discount Program. \*\***

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please complete, sign, & date the application on the following page. Incomplete applications will not be processed.*



**Sliding Fee Application**

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

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

Name	Family Relation	Date of Birth	ID Number (DL, etc)	Income	Frequency	Type of Income Documentation	Date all Documentation Received/Verified

I understand that the information I provide on this form is subject to verification by Triad Adult and Pediatric Medicine. I certify that the above information is true and correct to the best of my knowledge and that I 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 TAPM staff)**

Acceptable Income Documentation [Enter (x) if verified and obtained]	Calculated Amount Associated with Documentation
Current Federal Tax Return	
Check stub(s) with employer name, income, socials security #, hours worked, and rate of pay; weekly income* # of weeks/12=.	
Company letter stating annual earnings (Letter must contain a contact person and phone number) to verify.	
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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<b>Enter (x) if verified and obtained</b>	<b>Verified and Obtained Information</b>
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Acceptable identification for each family member listed on Sliding Fee Program Application
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 TAPM Staff

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**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; use the amount of food stamps received each month and 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 x 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 x 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 who have income.

**Effective Date of Sliding Fee Application:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The application is approved for: One Year:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sliding Fee Discount Scale:**

- Slide A = 0% - 100% FPL, nominal fee \$20
- Slide B = 101% - 125% FPL, \$30.00
- Slide C = 126% - 150% FPL, \$40.00
- Slide D = 151% - 175% FPL, \$50.00
- Slide E = 176% - 200% FPL, \$60.00
- >200% FPL, No Slide - responsible for all charges

**See attached chart for family size and income chart.**

**Billing & Collections:**

Copays, co-insurances and deductibles are expected at the time services are rendered; if the patient is unable to pay the nominal fee or copayment at the time services are rendered the patient will be offered the option for payment arrangements. Patients are expected to maintain eligibility for services at all times. Patients who fail to maintain eligibility and are in need of services will be assessed the full amount of the charge for services and payment arrangements will be made available. If the patient does not fulfil the payment agreements and does not recertify, the patient forfeits the right for future payment arrangements and will be sent a billing statement monthly if there are past due balances on their account. If the patient refuses to comply with the Sliding Fee Discount Policy and/or misuses the policy the patient may be dismissed from the practice at the discretion of Management.

Patients who have not made a payment within 120 days of service or no made no response to attempts for collections and have failed to keep payment arrangements may be discharged from the practice in accordance with TAPM's Billing/Finance policy. In addition, patients who have balances over \$100 and over 120 days old with no response to attempts at collections will be sent to an external collection agency. All patients who are sent to collections are sent a final statement indicating that is the final statement prior to being sent to a collection's agency.

A patient with an exceptional unusual financial hardship (ex. significant medical bills, natural disaster, goodwill or promotional events) may be granted a waiver of normal fees if such fees create a barrier to care. This waiver will be considered on a case-by-case basis and may be granted by the practice administrator or his/her designee. No patient is refused services based on his/her inability to pay.