

Bray Family Medicine Sliding Fee Discount Program

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: January 1, 2020

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

PURPOSE: This program is designed to provide free or discounted medical care to those who have no means, or limited means, to pay for visits with a healthcare provider (uninsured or underinsured).

In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Billing Manager's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Bray Family Medicine will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Bray Family Medicine 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 patients seeking services at Bray Family Medicine 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.

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

- 1. Notification:** Bray Family Medicine notifies patients of the Sliding Fee Discount Program by:
 - Payment policy information is provided to all patients before or at the time of service.
 - At registration, new patients receive notification of the Sliding Fee Discount Program.
 - An explanation of the Sliding Fee Discount Program and the application form are available on Bray Family Medicine's website.
 - Notification of the Sliding Fee Discount Program is displayed in the clinic waiting area.
- 2. Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained at the reception desk.
- 3. Applicable Services:** The Sliding Fee Discount Program applies only to office visits with a Bray Family Medicine provider (physician, nurse practitioner, physician assistant, or counselor). All other Bray Family Medicine services including lab, injections, and x-rays are offered at set discounted rates for all patients. A detailed list of these fees will be provided to all applicants of this program and will also be available upon request. If any of these additional services are indicated, the exact amount of each additional service will be provided to the patient for their approval before the service is rendered.
- 4. Administration:** The Sliding Fee Discount Program procedure will be administered through the Billing Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
- 5. Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.

- 6. Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Bray Family Medicine access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on his/her application adjusted. If a patient does not provide the requested information within the two-week time period, his/her application will be re-dated to the date on which he/she supplies the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

- 7. Eligibility:** Discounts will be based on income and family size only. Bray Family Medicine uses the Census Bureau definitions of each.

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.

Income 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 household, and other miscellaneous sources.

- 8. Income verification:** Applicants must 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 individuals will be required to submit detail 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 only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income and why they are unable to provide independent verification. This statement will be presented to the owner of Bray Family Medicine for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until the appropriate category is determined.

- 9. Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount for a visit with a provider. These patients will be assessed a \$5.00 - \$12.50 nominal charge per medical visit or a \$9.00 - \$27.00 nominal charge per counseling session. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.

10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$5.00 - \$12.50 nominal charge per medical visit or a \$9.00 - \$27.00 nominal charge per counseling session; 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.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by the owner of Bray Family Medicine. Any waiving of charges will be documented in the patient's electronic medical record along with an explanation.
12. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Bray Family Medicine.
13. **Refusal to Pay:** If a patient/responsible party, who has been accepted in the Sliding Fee Discount Program, verbally expresses an unwillingness to pay their portion of the discounted rates or the nominal fee or vacates the premises without paying for services, the patient will receive adequate notifications via email, regular mail or by telephone call regarding their payment obligations. If the patient/responsible party does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay and will result in all Sliding Fee Discount Program discounts being revoked. The full balance of the account(s) will be restored, and their account may be referred to a collection agency.
14. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Billing Manager's office to preserve the dignity of those receiving free or discounted care. Applicants who have been approved for the Sliding Fee Discount Program will be logged in the electronic medical record with dates of coverage and percentage of discount. The Billing Manager will maintain a list of Sliding Fee Discount Program applicants. Approvals and denials will be logged.

Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the owner of Bray Family Medicine. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

Sliding Fee Schedule
Discounted fee schedule for other Bray Family Medicine services
Patient Application for the Sliding Fee Discount Program

APPROVED 1/1/2020



BRAY FAMILY MEDICINE

Sample Sliding Fee Discount Application

Sliding Fee Discount Information

It is the policy of Bray Family Medicine to provide essential services regardless of the patient's ability to pay. Bray Family Medicine offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The Sliding Fee Discount Program applies only to visits with a Bray Family Medicine provider (physician, physician assistant, nurse practitioner or counselor). All other Bray Family Medicine services including lab, injections and x-rays are offered at set discounted rates for all patients. A detailed list of these fees is attached to this application and will also be available upon request. If any of these additional services are indicated, the exact amount of each additional service will be provided for your approval before the service is rendered.

<u>NAME</u>		<u>PLACE OF EMPLOYMENT</u>		
<u>STREET</u>	<u>CITY</u>	<u>AR</u>	<u>ZIP</u>	<u>PHONE</u>

Please list spouse and dependents under age 18.

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

SOURCE OF INCOME	IRS Form 1040, Line	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.	1				
Interest income	2a+2b				
Business income, rental real estate, royalties, partnerships, estates, trusts, farm income, unemployment compensation, alimony, and child support	8				
Self-employment income and/or dividends	3a+3b				
IRA distributions	4a				
Pensions & annuities	5a				
Social Security benefits & Supplemental Security income	6a				
Other retirement income					
Workers' compensation payments veterans' payments, survivor benefits, educational assistance, public assistance, assistance from outside the household, and other miscellaneous sources					
Total Income					

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

SIGNATURE _____ **DATE** _____

NAME (Print) _____

Office Use Only

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance Cards		

Approved by: _____ **Date:** _____ **Discount:** _____