

## **Orcas Family Health Center**

**Subject:** Sliding Fee Scale

**Effective Date:** January 1, 2008

**Revised Date:** January 1, 2008

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### **PURPOSE:**

To provide a process for low-income patients to take advantage of discount for fee services depending on income levels.

### **POLICY:**

- A. Any patient of Orcas Family Health Center has the right to apply for reduced fees regardless of where they live or their income status. Orcas Family Health Center shall determine reduced fee eligibility on an equal basis. Orcas Family Health Center will make every effort to obtain payments due from all patients.
- B. Fees for services at Orcas Family Health Center will be discounted based on family size and the family's average gross monthly income for the period Sliding Fee is requested. Federal Poverty Guidelines for Washington per the Federal Register will be the only criteria used for the adjustments of fees.
- C. Patients with third party resources recoverable by Orcas Family Health Center (i.e. Medicaid, Medicare, private insurance, worker's compensation, etc.) may still be eligible for discounts on the balance that the third party does not cover. Before an application is submitted, all other possible resources must be exhausted.
- D. Proof of sliding fee reduction will be checked and documented at the end of the designated time frame considered by Administrator.
- E. Income must be reported for all members of the applicant's household.
- F. The application must be filled out completely and returned to the Clinic Administrator with all required income verifications and appropriate documentation.
- G. Sliding Fee reductions will not apply unless all requested materials have been obtained within 90 days of office visit or date of payment from third party.
- H. Income verification may include the following:
  - H.1. Paycheck stubs showing gross income earned by all members in the household for the year Sliding Fee is being applied for. If an individual cannot produce documentation verifying income, they will be allowed to bring a letter from their employer on company letterhead and signed by the employer stating their GROSS annual income.
  - H.2. Unemployment check stubs.
  - H.3. Social Security check stubs.
  - H.4. Letter of award from Social Security, welfare or the like.
  - H.5. Copies of previous year tax return for all wage-earning household members.
- I. Approved applications are valid only for the visit(s) during the month in which they are applying and have provided income verification. Should the patient wish to apply for other months, income verification for those months will need to be provided by the patient. Except where tax return information has been provided: in this case, Sliding Fee applies for the entire year.
- J. Patients may receive a bill before the end of the month showing the full amount charged. Their reduced rate will appear on an updated bill if they qualify. The patient will be notified of the reduced rate in writing from Orcas Family Health Center.