

Subject	Number	Date Originated	Date Revised	Relevance
Sliding Fee Schedule Discount Program	119	1/2012	12/2024	<input type="checkbox"/> All Personnel <input type="checkbox"/> Admin Personnel <input type="checkbox"/> Billing/AR Personnel <input type="checkbox"/> Clinical Personnel <input type="checkbox"/> Leadership Personnel <input type="checkbox"/> Maintenance/Other Personnel
Originated by:		Approved by:		
Policy Committee		<i>Michael Hunter</i>		

POLICY: Team Wellness Center will make available discount services to those in need.

PURPOSE: The Team Wellness Center Sliding Fee Schedule 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), based on Family Size and Income only.

Team Wellness Center (TWC) will offer a Sliding Fee Discount to all who are unable to pay for their services. TWC will NOT deny services based upon the individual’s inability to pay; whether payment for those services would be made under Medicare, Medicaid, CHIP or self-pay; the individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, creed, religion, disability, or national origin.

The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

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

1. Notification: TWC will notify patients of the Sliding Fee Discount Program by:

- Sliding Fee Schedule and Application will be available to all patients at the time of service or upon request from any clinical or administrative staff person.
- Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
- Sliding Fee Discount Program application will be included with collection notices sent out by TWC.
- An explanation of our Sliding Fee Discount Program and our application form are available on TWC’s website.
- TWC advertises by posting notification of the Sliding Fee Discount Program at the reception desks, in the clinic waiting areas, and in other common hallways of the facilities, where the patients, general public, staff and other stakeholders may readily

encounter the notices; as well as including notices on our company's website: www.teamwellnesscenter.com.

2. All patients seeking healthcare services at TWC 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.

3. 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. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office. Administration: The Sliding Fee Discount Program procedure will be administered through the Billing Department 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 charitable services.

5. 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 TWC 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 their application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply 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.

6. Eligibility: ***Discounts will be based on income and family size only.*** TWC uses the Census Bureau definitions of each:

a. 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.

b. Income is defined as: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, received interest, received dividends, received rents, received royalties, income from estates, income from trusts, received alimony, received child support, and assistance from outside the household. Noncash benefits (such as food stamps and housing subsidies) do not count.

7. 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 (s)he is unable to provide independent verification. This statement will be presented to TWC's COO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

8. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount. 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.

9. Nominal Fee is defined as a \$5 per visit charge for Patients receiving a full discount. The nominal fee is not a threshold for receiving care and is not a minimum fee or co-payment. **Patients will NOT be denied services due to an inability to pay.**

10. 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 TWC's COO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).

11. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing 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 TWC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly.

Re-evaluation: the applicant must reapply for the Sliding Fee Discount after 12 months have expired or anytime there has been a significant change in family size or income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

12. Collections for non-payment: If a patient fails to pay their amount(s) due, according to the sliding fee schedule, the patient will be contacted in writing regarding their payment obligations. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. Once an account reaches the refusal to pay status, TWC may exercise its right to turn the account over for formal collection by an external agency.

13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.

a. Applicants that have been approved for the Sliding Fee Discount Program will be

logged in a password protected document on TWC shared directory, noting names of applicants, dates of coverage and percentage of coverage.

b. The Billing Department Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.

14. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the CEO and/or Comptroller. 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 institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. 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. Executive approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.



Sliding Fee Discount Application

It is the policy of Team Wellness Center (TWC) to provide essential services regardless of the patient’s ability to pay. Discounts are offered 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 discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD			PLACE OF EMPLOYMENT	
STREET	CITY	STATE	ZIP	PHONE

Please list spouse and dependents under age 18.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

Annual Household Income

Source	Self	Spouse	<u>Other</u>	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
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				
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.

Name (Print)

Signature Date

Office Use Only

Patient Name: _____

Approved Discount: _____

Approved by: _____

Date Approved: _____

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		

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