

Sliding Fee Scale Policy

1. The Sliding Fee Scale is a discount program for self-pay patients based on the Federal Poverty Guidelines for family income and size. By following established income guidelines, patients are treated in a fair and consistent manner. All patients must have a fee scale consultation prior to their first self-pay visit.
2. Before a patient may apply for sliding scale, he/she must first apply for Medical Assistance. The patient will be refunded fees paid if he/she is subsequently enrolled in one of the state's public programs and the claim is paid retroactively by the state.
3. If a patient's Medical Assistance application is rejected (or being processed), then the patient may fill out an application for sliding scale to initiate treatment. The patient must also supply 2 forms of proof of income, in any combination, the following documentation verifying identity and income. This includes:
 - o Pay stubs (most recent two periods) from everyone in household who works
 - o Federal tax returns for the prior year
 - o Alternate financial documentation (e.g. Social Security Explanation of Benefits, Unemployment Benefits, etc.) if the patient doesn't receive a paycheck.
 - o A signed letter from the patient stating that he/she is without any form of household income and explaining how living expenses are met.
4. Any change in family size or income as well as change in contact information must be reported to our office. Income verification updates will occur annually.
5. For all self-pay patients, all fees follow the sliding scale and patients are expected to pay on the day of service. No personal checks will be accepted.
6. Fee Calculation: Total the full fees, multiplying by the discount factor, and subtracting to determine charges to the patient.

2018 Federal Poverty Guidelines

Family Size	At or Below 100%	125%	150%	175%	At or Above 200%
	80% Discount	60% Discount	40% Discount	20% Discount	NOT Eligible for Services
1	\$0 - \$12,060	\$12,061 - \$15,075	\$15,076 - \$18,090	\$18,091 - \$21,105	\$21,106 - \$24,120
2	\$0 - \$16,240	\$16,241 - \$20,300	\$20,301 - \$24,360	\$24,361 - \$28,420	\$28,421 - \$32,480
3	\$0 - \$20,420	\$20,421 - \$25,525	\$25,526 - \$30,630	\$30,631 - \$35,735	\$35,736 - \$40,840
4	\$0 - \$24,600	\$24,601 - \$30,750	\$30,751 - \$36,900	\$36,901 - \$43,050	\$43,051 - \$49,200
5	\$0 - \$28,780	\$28,781 - \$35,975	\$35,976 - \$43,170	\$43,171 - \$50,365	\$50,366 - \$57,560
6	\$0 - \$32,960	\$32,961 - \$41,200	\$41,201 - \$49,440	\$49,441 - \$57,680	\$57,681 - \$65,920
7	\$0 - \$37,140	\$37,141 - \$46,425	\$46,426 - \$55,710	\$55,711 - \$64,995	\$64,996 - \$74,280
8	\$0 - \$41,320	\$41,321 - \$51,650	\$51,651 - \$61,980	\$61,981 - \$72,310	\$72,311 - \$82,640
additional	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360