

Broad Top Area Medical Center, Inc.

Sliding Fee Scale Application Response Form – for BTAMC use, ONLY

Circle the Applicant’s Income Level (based on proof of income submitted)

| | Slide A (≤100%) | Slide B (101% - 125%) | Slide C (126% - 150%) | Slide D (151% - 175%) | Slide E (176% - 200%) | Above 200% FPL |
|--|----------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------|
| Family Size | From To | From To | From To | From To | From To | |
| 1 | \$0 - \$13,590 | \$13,591 - \$16,987 | \$16,988 - \$20,385 | \$20,386 - \$23,782 | \$23,783 - \$27,180 | \$27,181 + |
| 2 | \$0 - \$18,310 | \$18,311 - \$22,887 | \$22,888 - \$27,465 | \$27,466 - \$32,042 | \$32,043 - \$36,620 | \$36,621 + |
| 3 | \$0 - \$23,030 | \$23,031 - \$28,787 | \$28,788 - \$34,545 | \$34,546 - \$40,302 | \$40,303 - \$46,060 | \$46,061 + |
| 4 | \$0 - \$27,750 | \$27,751 - \$34,687 | \$34,688 - \$41,625 | \$41,626 - \$48,562 | \$48,563 - \$55,500 | \$55,501 + |
| 5 | \$0 - \$32,470 | \$32,471 - \$40,587 | \$40,588 - \$48,705 | \$48,706 - \$56,822 | \$56,823 - \$64,940 | \$64,941 + |
| 6 | \$0 - \$37,190 | \$37,191 - \$46,487 | \$46,488 - \$55,785 | \$55,786 - \$65,082 | \$65,083 - \$74,380 | \$74,381 + |
| 7 | \$0 - \$41,910 | \$41,911 - \$52,387 | \$52,388 - \$62,865 | \$62,866 - \$73,342 | \$73,343 - \$83,820 | \$83,821 + |
| 8 | \$0 - \$46,630 | \$46,631 - \$58,287 | \$58,288 - \$69,945 | \$69,946 - \$81,602 | \$81,603 - \$93,260 | \$93,261 + |
| <i>For families/households with more than 8 persons, add \$4,720 for each additional person.</i> | | | | | | |
| Nominal Fee: \$20.00 | \$25.00 | \$40.00 | \$55.00 | \$75.00 | 100% of Charge(s) | |

Patient Name: _____ **ACNT #:** _____

Date of Service for Good-Faith Estimate: _____ **Fee Collected:** _____

Date Application Initiated _____ **Date Received Proof of Income:** _____

Is this Application for other family members of the Household? (please circle) YES / NO

Proof of Income Check List Documentation Attached:

_____ **Three Pay Stubs** (weekly, bi-weekly, monthly, annual – **please circle**)

_____ **W-2 or Tax Return** from previous year

_____ **SSD/SSI Determination or Unemployment Benefit Determination**

_____ **Bank’s Statement of Deposits or Affirmation of No Income**

_____ **Application is completed in its entirety with applicant’s or parent/guardian’s signature**

Qualification Determination (check one, below):

_____ **Approved** _____ **Disqualified** (delinquent/incomplete application or above 200% of FPL)

Approved Discount Eligibility Class and Payment: _____ (per Table above)

BTAMC Representative (print): _____ Date: _____

BTAMC Representative (sign): _____ Site: _____

BTAMC Billing Office Receipt: _____ Date: _____