



1. Organization D. Management c. Charity Care, Sliding Scale
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Purpose

This policy defines sliding fee discount schedule. FHC's primary mission is to provide affordable health services to patients in our community who may have limited resources. The availability of charity care through sliding scale fee adjustments is posted in FHC's lobby and all patients are asked upon registration for proof of income to evaluate eligibility. If a further need for Hardship is indicated, it is address through the Waiver for Hardship policy.

Policy

It is the policy of FHC to provide services for all patients regardless of their ability to pay Family Health Care services fee schedule is consistent with locally prevailing rates or charges and designed to cover reasonable costs of operation. FHC has a corresponding sliding fee discount schedule (SFDS) to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay per the authority of *Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u).*

Patient's eligibility for registration and services will be determined by the scope of services needed and availability of providers for the services.

Full charges are annually reviewed reasonable costs based on actual costs which, while are higher than local prevailing costs for simple medical visits, include enabling services such as patient health education and social services supports.

Charges for all services are discounted based on the patient's ability to pay determined by family size and annual household income. At registration all patients are provided information about the discount program and are asked to provide proof of income (see administrative policies/procedures on proof of income and on definitions of "household".)

The sliding scale is approved annually by the Board and provides-

- A full discount for all individuals and families* with household incomes** at or below 100% of FPL (based on most recent Federal Poverty Levels).
- Discount adjustments for incomes up to 200% of FPL with a minimum of three levels between 101%-200% with full charges at 201% of FPL.
- A nominal charge based on a determination of affordable costs for the community (not based on actual costs) is established annually.
- Discount adjustments (within contractual parameters) will be applied for patients with insurance whose co-pays are above the sliding scale fee level for adjusted charges. The difference in co-pay and sliding scale fee will be adjusted. The

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Family Health CARE

remaining insurance charges will reflect the full adjusted co-pay amount.

FHC establishes a fixed fee for each discounted fee level for office visits and other fixed costs, and a percentage of fee for those services which include mixed or variable costs.

* Tax filer + spouse + tax dependents = household.

** All household* members who file taxes are included in the sum of adjusted gross income.
(as defined by HRSA and HealthCare.org).