

SUBJECT: Sliding Fee Scale Policy

POLICY NUMBER: 210.01

**MANUAL: Heart of Ohio Family Health Centers
Policies and Procedures Manual**

Purpose

To describe the application and approval process for utilization of the sliding fee scale for all HOFHC services.

Procedure

1. HOFHC offers a sliding fee discount for patients and dependents with an annual income of 200% or below of the federal poverty level. At no time will discounts be offered to patients above 200% of the federal poverty level.
2. Signage will be posted at every HOFHC site indicating a sliding fee discount is available to all qualifying patients.
3. The appropriate staff will update the sliding fee scale based on the federal poverty guidelines upon release.
4. A patient may apply for a sliding fee discount by completing the sliding fee program section of the patient registration form.
5. The sliding fee scale requires verification of income. The following may be used as verification of income:
 - Copy of current year 1040 and appropriate schedules
 - IRS form 4506-T


- Letter from employer on company letterhead that states hours worked, rate of pay, and frequency of pay with supervisor or HR signature.
 - OWF cash assistance award notice
 - Documentation from Ohio Department of Jobs and Family Services that states household income and household members
 - Child Support/spousal support order
 - Unemployment award letter
 - Worker's Compensation award notice
 - Social Security award letter
 - Disability award letter
 - Rental property income
 - Other: retirement, pension, annuities, investments or savings
6. Proof of identity and residency must also be provided. Birth certificates must be presented for children under 18.
 7. The combination of family income and number of dependents determines the adjustment percentage of the sliding fee scale.
 8. A copy of the completed and approved sliding fee program application is returned to the patient. The original sliding fee program application and proof of income will be kept on file in the Finance Department.
 9. The sliding fee discount is effective immediately upon approval of the sliding fee application and is valid for one year.

10. The sliding fee discount application must be completed annually or when there is a change in income.
11. If a patient does not have an active sliding fee discount at the time of service, he/she may still receive a discount if all required documents are presented within two days of the date of service.
12. Proof of dependency:
 - a. Number of dependents listed on tax return
 - b. Birth certificates or court documents for dependent child(ren)
 - c. Photo ID or other proof of address for household members over the age of 18
13. A nominal fee will be requested at the time of each visit for medical services, regardless of sliding fee status. Patients with incomes below 100% or below the federal poverty level may have their nominal fee waived based on the circumstances. Management has the ability to waive the nominal fee.
14. The Board of Directors permits the CFO to make the appropriate Federal Poverty Guideline changes to the HOFHC sliding fee scale immediately upon release by the Health and Human Services. The changes in the sliding fee scale income levels will be brought to the next regularly scheduled Board meeting for approval.

ORIGINAL DATE: 5/24/2007

REVIEW DATE: 1/23/2008; 12/19/2012; 12/22/2015

APPROVED FOR IMPLEMENTATION BY:



Heart of Ohio Family Health Centers Board of Directors

Date
12-23-2015



Chief Executive Officer, Heart of Ohio Family Health Centers

Date
December 23,
2015