



Whitney

Family Medicine

Sliding Fee Discount Schedule Information & Application

The Sliding Fee Discount Schedule is part of a federal program that allows Whitney Family Medicine to discount normal charges for medical visits for our qualifying patients based on household size and household income. In order to qualify for the program, patients must provide proof of income below 200% of the current federal poverty level (see chart).

SLIDING FEE DISCOUNT SCALE MONTHLY INCOME LEVEL

UPDATED 01/31/2022

Household Size	Up to:	Up to:	Up to:	Up to:
1	\$ 1,215	\$ 1,616	\$ 2,126	\$ 2,430
2	\$ 1,643	\$ 2,136	\$ 2,876	\$ 3,287
3	\$ 2,072	\$ 2,693	\$ 3,625	\$ 4,143
4	\$ 2,500	\$ 3,250	\$ 4,375	\$ 5,000
5	\$ 2,928	\$ 3,807	\$ 5,125	\$ 5,857
6	\$ 3,357	\$ 4,364	\$ 5,874	\$ 6,713
7	\$ 3,785	\$ 4,921	\$ 6,624	\$ 7,570
8	\$ 4,213	\$ 5,477	\$ 7,373	\$ 8,427
SLIDING SCALE	A=\$10	B=\$25	C=\$40	D=\$65

PRIVATE PAY	Over:
\$	2,431
\$	3,288
\$	4,144
\$	5,001
\$	5,858
\$	6,714
\$	7,571
\$	8,428
FULL FEE	

The Sliding Fee Discount is available to all patients. If you have insurance coverage, Whitney Family Medicine is required to bill your insurance for your medical visit charges. You may be responsible for an insurance co-pay in this situation. You may submit an application for the Sliding Fee Discount Scale to apply to the patient responsibility portion of the charges that insurance will not pay.

Depending on household size and household income, patients are assigned a discount tier of 0%, 20%, 40%, 70% or 100% of the fees normally charged for a medical visit, with a nominal fee of \$10 for the 100% tier. The nominal fee charged for each tier is shown below:

Discount Tier	A (100%)	B (70%)	C (40%)	D (20%)	F (Private Pay)
Nominal Fee	\$10.00	\$25.00	\$40.00	\$65.00	Not Qualified for Slide

NOMINAL FEE IS DUE AT TIME OF SERVICE

Patients that qualify for the discounted fees are responsible only for the nominal fee in their respective tier, and are expected to pay the discounted fee at the time of service unless other arrangements have been made with the Business Office Manager.

How do I know if I qualify for the Sliding Fee Discount Program?

By federal law, qualification for the Sliding Discount Scale is based on two factors: household size and household income. In order to determine whether you will qualify for a discounted fee, follow the directions below:

1. Find the row on the chart (page 1) that lists the number of individuals in your household. This number should include yourself, your spouse/partner, and children - If you are providing more than 50% of the financial support for other related individuals who reside full-time in your household you may count them as well (grandchildren, grandparents, nieces/nephews, aunts/uncles, etc.).
2. Next, find your gross MONTHLY household income range (before taxes) on the chart (page 1). You must include the income of all members of the household who are age 15 or older. If a member of your household, who is 15 years old or older, is not currently receiving any form of income, you will be asked to sign a formal statement as part of the application declaring zero income for that individual.

The column that matches the number of qualifying household individuals and gross income will show the discount for which you qualify and the nominal fee charged for that discount category at the bottom of the column.

How often do I have to re-apply to continue receiving the Sliding Fee Discount Program?

Once approved by Whitney Family Medicine, your Sliding Fee Discount Scale eligibility remains in effect for up to one year from the date of application, based on source of income. Application information must be updated any time your household size or household income changes. At a minimum, a new application must be completed every 12 months in order to continue receiving the Discounted Fee.

Please note that without proof of income, Whitney Family Medicine cannot, by federal law, allow patients to claim the Discounted Fee. Proof of eligibility must be retained on file verifying income for each Sliding Discount Scale applicant who receives the Discounted Fee, and are subject to federal audits that check for compliance with this requirement. If we are unable to verify income within 30 days of your application, you will be responsible for the full fee amount of your medical visit. If you have any questions about the Sliding Discount Scale Fee or other assistance programs, please ask to speak with our Business Office Manager.

IMPORTANT: THE DISCOUNT WILL APPLY TO ALL SERVICES RECEIVED AT WHITNEY FAMILY MEDICINE, BUT NOT THOSE SERVICES OR EQUIPMENT THAT ARE PURCHASED FROM A THIRD PARTY, INCLUDING ON-SITE LABORATORY TESTING, DRUGS, AND X-RAY INTERPRETATION BY A CONSULTING RADIOLOGIST, AND OTHER SUCH SERVICES.

How do I sign up for the Sliding Fee Discount Program?

1. First, complete the Sliding Fee Discount Program Application included with this informational packet. Instructions are included on the application. Please ask the receptionist if you have any questions regarding the application.

2. Next, you will need to provide proof of income, including the following if applicable:

- W-2 Wages, tips
- Financial Assistance from outside of the household
- Business Profits
- Veteran's Benefits
- Sick Pay
- Social Security Income
- Worker's Compensation Income
- Pension/Retirement Income
- Alimony Received
- Child Support Received
- Unemployment Compensation
- Disability or Supplemental Security Income (SSI)
- Rents Received (Net)
- Royalties Received
- Investment Income (including rent, interest, dividends, or annuity payments received)
- Financial Award Letter AND School-Provided Budget (Only net remaining amount the 'refund' you receive from the school - will be considered)
- Deductions commonly taken out of income before the person receives it.

These include:

- Federal, state and local taxes
- Social Security payments
- Deductions for savings bonds, other savings plans, or union dues

3. Attach proof of income – Examples of acceptable proof listed below (copies are acceptable):

- W-2 Wage Statement for the prior year
- 1099 Statements for the prior year
- Last 30 days of Paycheck stubs
- Income Tax Return for the most recent year

IMPORTANT: IF USING INCOME TAX RETURN, YOU MUST INCLUDE THE ENTIRE RETURN WITH ALL WORKSHEETS ATTACHED

- Unemployment Verification (Benefit Statement)
- Court Documents (Alimony and/or Child Support)
- Benefit Letter (SSI and Social Security recipients)

4. Submit your application with attached proof to the receptionist at Whitney Family Medicine or mail to:

**Whitney Family Medicine
PO Box 2177
Whitney, Texas 76692**



SLIDING FEE DISCOUNT PROGRAM APPLICATION

IT IS THE POLICY OF WHITNEY FAMILY MEDICINE TO PROVIDE PATIENT-CENTERED PRIMARY CARE REGARDLESS OF THE PATIENT'S ABILITY TO PAY. DISCOUNTS ARE OFFERED BASED UPON HOUSEHOLD INCOME AND THE NUMBER OF PERSONS LIVING IN THE HOUSEHOLD. A SLIDING FEE SCHEDULE IS USED TO CALCULATE THE BASIC DISCOUNT AND IS UPDATED EACH YEAR USING FEDERAL POVERTY GUIDELINES. ONCE APPROVED, AND BASED ON YOUR SOURCE OF INCOME, THE DISCOUNT WILL BE HONORED FOR UP TO ONE YEAR FROM THE DATE OF APPLICATION, AFTER WHICH THE PATIENT MUST REAPPLY. THE DISCOUNT WILL APPLY TO ALL SERVICES RECEIVED AT WHITNEY FAMILY MEDICINE, BUT NOT THOSE SERVICES OR EQUIPMENT THAT ARE PURCHASED FROM OUTSIDE, INCLUDING ON-SITE LABORATORY TESTING, DRUGS, AND X-RAY INTERPRETATION BY A CONSULTING RADIOLOGIST, AND OTHER SUCH SERVICES. THIS APPLICATION MUST BE COMPLETED EVERY 12 MONTHS OR IF YOUR FINANCIAL SITUATION CHANGES.

PATIENT INFORMATION:

PATIENT NAME:		
LAST	FIRST	MI
DATE OF BIRTH	PRIMARY CARE PHYSICIAN (PCP)	

ADDRESS:			
STREET	CITY	STATE	ZIP

GUARANTOR INFORMATION:

NAME:			
LAST	FIRST	MI	
ADDRESS:			
STREET	CITY	STATE	ZIP

TELEPHONE NUMBER:	
HOME/CELL	WORK
DATE OF BIRTH	SOCIAL SECURITY NUMBER

HOUSEHOLD SIZE INFORMATION: LIST ALL INDIVIDUALS IN THE HOUSEHOLD*

1. NAME/RELATIONSHIP	DATE OF BIRTH	AGE
2. NAME/RELATIONSHIP	DATE OF BIRTH	AGE
3. NAME/RELATIONSHIP	DATE OF BIRTH	AGE
4. NAME/RELATIONSHIP	DATE OF BIRTH	AGE
5. NAME/RELATIONSHIP	DATE OF BIRTH	AGE
6. NAME/RELATIONSHIP	DATE OF BIRTH	AGE

*PLEASE ATTACH A SEPARATE SHEET WITH ADDITIONAL DEPENDENTS IF YOU NEED ADDITIONAL SPACE.

HOUSEHOLD EARNINGS INFORMATION:

PLEASE INDICATE ALL PEOPLE LIVING IN YOUR HOUSEHOLD WHO CONTRIBUTE FINANCIALLY, INCLUDING APPLICANT. INCLUDE ANYONE AT LEAST 18 YEARS OF AGE OR OLDER WHO RESIDES IN THE HOUSEHOLD AND CONTRIBUTES TO THE BASIC LIVING EXPENSES OF THE HOUSEHOLD (INCLUDING YOURSELF). INCOME INCLUDES GROSS (PRE-TAX) WAGES, CHILD SUPPORT INCOME, ALIMONY INCOME, RENTAL INCOME, UNEMPLOYMENT COMPENSATION, SOCIAL SECURITY BENEFITS, PUBLIC/GOVERNMENT ASSISTANCE, PENSIONS AND/OR IRA DISTRIBUTION INCOME OR OTHER RETIREMENT INCOME, ETC. (SEE INSTRUCTIONS FOR COMPLETE LIST).

HOUSEHOLD MEMBERS	DATE OF BIRTH	SOURCE OF INCOME/EMPLOYER	MONTHLY GROSS INCOME
1			
2			
3			
4			
5			
6			
7			
8			

TOTAL MONTHLY INCOME: \$ _____

PLEASE BE SURE THAT YOU HAVE ATTACHED COPIES OF YOUR INCOME TAX RETURN, PAY STUB, OR OTHER INFORMATION VERIFYING INCOME. WHITNEY FAMILY MEDICINE CANNOT PROVIDE YOU WITH A DISCOUNTED FEE WITH OUT PROOF OF INCOME.

I CERTIFY THAT THE HOUSEHOLD SIZE AND INCOME INFORMATION INCLUDED ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

X

OFFICE USE ONLY

APPLICATION DATE: _____

EXPIRATION DATE: _____

AZALEA

APPLICATION DISCUSSED WITH PATIENT/GUARANTOR: _____

SLIDING DISCOUNT RATE: **A B C D F**

TOTAL MONTHLY INCOME: _____

APPROVED: _____

BUSINESS OFFICE MNGR/CLINIC ADMINISTRATOR

OF HH MEMBERS: _____