



# **SLIDING FEE DISCOUNT PROGRAM APPLICATION**

Open Door Health Center's sliding fee discount program is to help defer some of the out-of-pocket expense with or without insurance. Reduced charges will be established for health services provided to individuals/households at or below 200% of income guidelines below and based on household size. No discount may be provided to patients over 200% category below. To see if you qualify, please see details below. If you wish to apply for our sliding fee discount program, you MUST provide proof of gross annual income for all members in your family/household. Please see back of this form for Proof of Income Requirements and allowed documents.

## **INCOME QUALIFICATIONS\*\***

Household Size and Annual Income	% of FPG	0% - 100%	101% - 125%	126% - 150%	151% - 175%	176% - 200%	Over 200%
	Household Size Criteria	Nominal Fee	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	Above 200%
	1	\$12,760	\$15,950	\$19,140	\$22,330	\$25,520	Above \$25,520
	2	\$17,240	\$21,550	\$25,860	\$30,170	\$34,480	Above \$34,480
	3	\$21,720	\$27,150	\$32,580	\$38,010	\$43,440	Above \$43,440
	4	\$26,200	\$32,750	\$39,300	\$45,850	\$52,400	Above \$52,400
	5	\$30,680	\$38,350	\$46,020	\$53,690	\$61,360	Above \$61,360
	6	\$35,160	\$43,950	\$52,740	\$61,530	\$70,320	Above \$70,320
	7	\$39,640	\$49,550	\$59,460	\$69,370	\$79,280	Above \$79,280
	8	\$44,120	\$55,150	\$66,180	\$77,210	\$88,240	Above \$88,240
>8		\$4,480	5,600.00	\$6,720	\$7,840	\$8,960	\$8,960
>8		Add \$4,480	Add \$5,600	Add \$6,720	Add \$7,840	Add \$8,960	Add \$8,960

## **Would you like to apply for our Sliding Fee Discount Program?**

**YES**

**NO\***

**In what departments have you/your family been seen at Open Door Health Center?**

**MEDICAL**      **DENTAL**      **BEHAVIORAL HEALTH**

Today's date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Last four of Social Security Number: \_\_\_\_\_

Are you currently employed?	YES	NO
Is anyone else in the household employed?	YES	NO
Does anyone in the household receive State or Federal benefits (cash benefits, SSI, etc)?	YES	NO
Does anyone in the household receive any other sources of income?	YES	NO
Total monthly income of the household Please see back of sheet for Proof Requirements	\$	No Income

**LIST BELOW ALL MEMBERS OF THE HOUSEHOLD – INCLUDING DOB AND RELATIONSHIP**

\*In order to continue to provide the community with discount services, we are required to report the statistics of the income level of our community to the HRSA programs. This information is reported discreetly, and no patient information is included. We ask that even if you do not want to apply for our Sliding Fee Discount Program, that you provide us with the income information for your household.

**\*\*Sliding Fee Discount Program** applies to eligible services provided at Open Door Health Center (ODHC) only. If you are referred to another clinic, you must check with that facility to determine if they have available discounts. This discount is not transferable.

## SLIDING FEE DISCOUNT QUALIFICATION FORM – PAGE 2

### FINANCIAL ASSISTANCE PROGRAM

- If you are unable to pay the full cost of care, you may be eligible for the Sliding Fee Discount Program for individuals or families using the household Income Guidelines and the number of household family members.
- If you are unable to pay your co-pays/deductibles for your medical assistance or health insurance, you may use the program to reduce your health care expense.
- Payment is expected at the time of service. Please ask if a payment plan is needed.
- NO ONE WILL BE DENIED CARE DUE TO A LACK OF ABILITY TO PAY

### APPLICATION PROCESS

*This information will only be used by Open Door staff to evaluate your financial assistance application and/or statistical purposes for reporting and funding. All information in your application will be kept confidential.*

#### **Step 1:** Guarantor/Head of Household (person who pays) brings proof of income from all sources, including but not limited to:

- Last 30 days of paystubs prior to visit (4 if paid weekly, 2 if paid bi-weekly, 1 if paid monthly);
- W-2 form from the most recent year;
- Tax return from the most recent year;
- An unemployment check or stub;
- Self-Employed Individuals will be required to submit most recent filed income tax returns with the IRS (Schedule C);
- A disability income check or stub;
- Department of Human Services (DHS) award letter;
- Letter verifying your residence at a group home, transitional housing, or substance abuse treatment center;
- Non-Payroll Form filled out by Employer;
- Most recent bank statement (especially if on the direct deposit program);
- Other Income like child support, dividends, net rental income, royalties, pensions, annuities, retirement savings, and unemployment compensation. Child Support paid out can be deducted from income for child support payer. School loans, scholarships, training stipends, per diems, expense reimbursements, and housing allowances are NOT considered as income reimbursements.

Annual Gross Income is gathered to calculate your household income. We utilize the different incomes coming into your household to calculate your Modified Adjusted Gross Income (MAGI), which gives us your household annual gross income.

Definitions of Below Terms:

- Adjusted Gross Income (AGI): As defined by the IRS, AGI is a gross income minus adjustments to income. Line 7 IRS Form 1040;
- Non-Taxable Social Security: Benefits Social Security Benefits not included in gross income. Line 5a minus 5b IRS Form 1040;
- Tax-Exempt Interest: Interest income that is not subject to Federal Tax Income. Line 2a IRS Form 1040;
- Other Income: Defined above in Proof of Income requirements

Calculation of Annual Income	Example Calculation 1	Example Calculation 2
Adjusted Gross Income	Family Household Size                    3	Family Household Size                    1
+Non-Taxable Social Security Benefits	Adjusted Gross Income                  \$25,000/year	Adjusted Gross Income                  \$10,000/year
+Tax-Exempt Interest	Social Security                         \$832/month	Social Security                         \$0
+Net Income From Self-Employment	Tax-Exempt Interest                    \$0	Tax-Exempt Interest                    \$0
+Other Income	Other Income                            \$132/month	Other Income                            \$0
=Modified Adjusted Gross Income (MAGI)	Annual Income                            \$36568	Annual Income                            \$10,000
	SFD Level Qualified                    Level 4	SFD Level Qualified                    Level 1 – Nominal Fee

**Step 2:** Guarantor (person who pays) meets with a Patient Services Representative in the Business Office to complete the Sliding Fee Application and SFD Application Tool.

**Step 3:** Once verified, with proof of income, all members of the guarantor's household will receive the discount for period as shown on the SFD Application Tool in all departments at ODHC. The SFD Application Tool MUST be signed by the Guarantor/Head of Household to be valid. By signing the form you acknowledge that you have provided your information as true and correct to the best of your knowledge, and any misleading or falsified information given, or omission of information may disqualify you from the discount provided to you and your household. If the guarantor's financial position changes, he/she may reapply at any time.

**Thank you for your cooperation and compliance with the above requirements. This will allow us to continue offering services to patients who have the greatest need for care.**