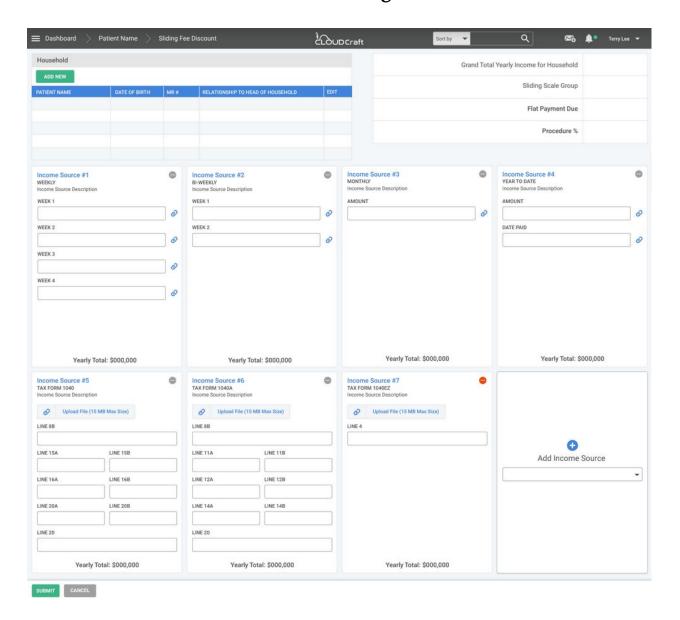
## Goshen Medical Center Sliding Scale Fee Calculator



This is a prototype of the website that will be used to calculate the Sliding Scale Fee. The front desk user can specify the people in the patient's household, upload the proof of income provided by the patient, and input income information. The website will then calculate the total yearly income for the patient and use that data to return the Sliding Scale group, flat fee, and percentage the patient pays for procedures. The Submit Data button will upload the documents to the files of the patients listed under "Household". A detailed breakdown of the web page's components begins on the following page.

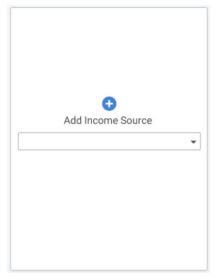
## Household

Household				
ADD NEW				
PATIENT NAME	DATE OF BIRTH	MR#	RELATIONSHIP TO HEAD OF HOUSEHOLD	EDIT

The "Household" section keeps track of the people in the patient's household. The current patient is automatically included on the first line of the list. The front desk user can click "Add New" to add a new person, and they will be listed with their date of birth, medical record number (if applicable), and their relationship to the head of household. Even if the family members have no medical record number, they should still be added in order to get an accurate family size.

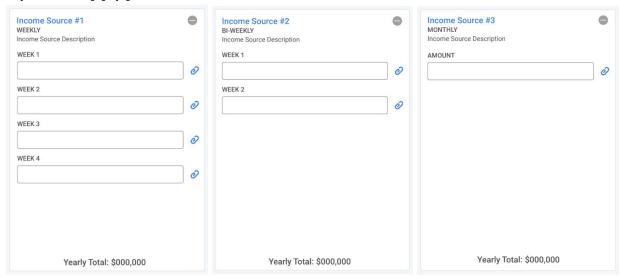
## Income

The income sources can be added modularly by clicking the Add Income button:

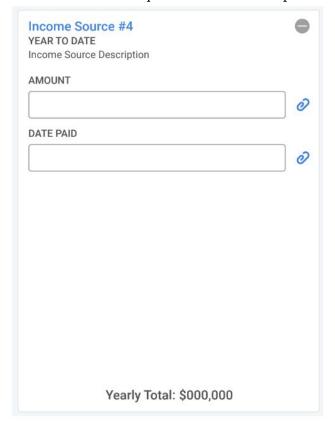


This will add a new income source of the type selected in the drop-down box. This refers to the type of proof of income that the patient provided. There are options for Weekly, Bi-Weekly, and Monthly pay stubs, as well as a Year-to-Date statement, and for tax forms 1040, 1040A, and 1040EZ. There is also the option to add Unemployment benefits, if the patient is receiving them. Each income module will calculate the total yearly income from that income source, and each source can be removed by clicking the "Minus" button in the top right corner of each module.

Weekly, Biweekly, and Monthly pay stubs are pretty straightforward. They should have their amounts entered on the appropriate line. Weekly and Biweekly stubs <u>MUST</u> be consecutive, meaning they do not skip pay periods.



Year to Date forms require both the amount paid and the date of the YTD pay statement.



Tax Forms can be tricky. They look similar and have lots of information. The first thing to do is to determine which form the patient provided. This is denoted at the top left corner of the sheet, highlighted in red on the example pages. Specific information should be entered from each sheet into the website. The lines are labeled, but they are also highlighted in yellow on the example images below.

EIVIV	U.S. Individual Inc	ome Tax Return	OMB!	No. 1545-0074 IRS Use	Only - Do not write or staple in this space	
For the year Jan. 1-De	. 31, 2015, or other tax year beginning		, 2015, ending	,20	See separate instructions.	
Your first name and		Last name				
		10-20-00-00-00-00-00-00-00-00-00-00-00-00				
If a joint return, spor	ise's first name and initial	Last name			Spouse's social security number	
Home address (num	ber and street). If you have a P.C	), box, see instructions.		Apt. no.	▲ Make sure the SSN(s) abov	
					<ul> <li>and on line 6c are correct.</li> </ul>	
City, town or post office	e, state, and ZIP code. If you have a	foreign address, also complete space:	below (see instructions	h	Presidential Election Campaign	
				20	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checki	
Foreign country nan	10	Foreign province	/state/county	Foreign postal cod	a box below will not change your tax or	
					refund. You Spous	
Filing Status	1 Single				lifying person), (See instructions.) If	
		tly (even if only one had incom			ld but not your dependent, enter this	
Check only one box.	<ol> <li>Married filing sep and full name her</li> </ol>	arately. Enter spouse's SSN at	The second second second second	ld's name here.	A	
DOX.		MI-DOW		alifying widow(er) with	Boxes checked	
Exemptions	CHOOL THE PROPERTY OF THE PARTY	neone can claim you as a depe	indent, do not chec	k box ba	on 6a and 6b	
	b Spouse		T	(4) / if child under age	No. of children	
	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	qualifying for child tax cre	dit • lived with you	
	(1) First name Last no	ame		(see instructions)	did not live with you due to divorce	
If more than four	-		+	H	or separation (see instructions)	
dependents, see	-		1	<del>                                     </del>	Dependents on 6c	
instructions and check here			_	H	not entered above	
CridCk ridro	d Total number of ex	emptions claimed			Add numbers on lines above ▶	
		os, etc. Attach Form(s) W-2 .	2002 00 2000	2 20 20 2 20 20	7	
Income		ttach Schedule B if required .			8a	
		st. Do not include on line 8a .	8b			
Attach Form(s)		Attach Schedule B if required			99	
W-2 here. Also attach Forms			9b			
W-2G and		redits, or offsets of state and lo	cal income taxes		10	
1099-R if tax	11 Alimony received				11	
was withheld.	12 Business income o	r (loss). Attach Schedule C or 0	EZ		12	
	13 Capital gain or (loss	s). Attach Schedule D if require	d. If not required, ci	neck here 🕨 🔲	13	
If you did not get a W-2,	14 Other gains or (loss	ses). Attach Form 4797			14	
see instructions.	15a IRA distributions .	. 15a	<b>b</b> Taxable	amount	15b	
	16a Pensions and annuit	ties 16a	<b>b</b> Taxable	amount	16b	
		royalties, partnerships, S corpo		Attach Schedule E	17	
		ss). Attach Schedule F			18	
		mpensation			19	
	20a Social security bene	AND ASSOCIATION AND ADDRESS OF THE PARTY OF	<b>b</b> Taxable	amount	20b	
	21 Other Income. List				21	
		s in the far right column for lines 7		our total income >	22	
Adjusted			23			
Gross		enses of reservists, performing artis				
Income		officials. Attach Form 2106 or 210	1000			
		ount deduction. Attach Form 8				
	TOTAL THE MEDICAL PROPERTY OF THE PARTY OF T	Attach Form 3903		<del></del>		
		r-employment tax. Attach Schedu P. SIMPLE, and qualified plans	28			
		Ith insurance deduction	29			
		thdrawal of savings	30			
	31a Alimony paid b Re	ADDOLLAR OF THE PROPERTY OF TH	31a			
	32 IRA deduction		32			
	33 Student loan intere		33			
	34 Tuition and fees, At		34			
			2000000			
		i alaivities deduction, Attach Fort				
	36 Add lines 23 through	activities deduction. Attach Form	0.00		36	

Form 1040A		rtment of the Treasury—Int 5. Individual Inc			(99)	2015	IR	S Use Or	nly—E	o not v	vrite or staple in th	is space.
Your first name and init	tal		Last name	,							OMB No. 1545-00	74
										Your	social security nu	mber
If a joint return, spouse	's first n	ame and initial	Last name	,						Spouse's social security number		
Home address (numbe	r and str	reet). If you have a P.O. bo	x, see instru	ctions.				Apt. n	0.		ake sure the SSN( and on line 6c are o	
City, town or post office,	state, and	d ZIP code, if you have a fore	gn address, a	also complete space	s below (see	instructions).					idential Election Ca	
Foreign country name				Foreign province	ce/state/co	inty	Foreig	gn postal (	oode	jointly, w	ere if you, or your spous ant \$3 to go to this fund low will not change you You	f. Checking r tax or
Filing	1 [	Single		-		4 Hea	d of house	hold fwi	th cu	alifying	person). (See ins	
status	2	Married filing joint	lv (even i	f only one had	income)						but not your dep	
Check only	3 [	Married filing separa					r this child					
one box.	- 1	full name here. ▶	,.			_	lifvina wido	w(er) wi	th de	oender	nt child (see instr	uctions)
Exemptions	6a	☐ Yourself. If s	omeone	can claim vo	u as a d					1	Boxes	actional
Excliptions	b	_	6a.	,-						}	checked on 6a and 6b No. of children	_
	C	Dependents:		T		Marian and an area		(4) 1	if child	under	on 6c who:	
If more than six	-	Dependents.		(2) Dependen		(3) Deper		age 17 d	qualify	ing for	<ul> <li>lived with you</li> </ul>	
dependents, see		(1) First name L	ast name	security no	umber	relationshi	p to you	child tax	ox credi		did not live	
instructions.		,,		1							with you due to	
									Ħ		divorce or separation (see	
				_					Ħ		instructions)	
	_			1					H	_	Dependents	
				1					H	_	on 6c not entered above	
	_			+					H	_	entered above	
											Add numbers	
	d	Total number of e	xemptio	ns claimed.							on lines above ▶	Ш
Income	150.000	Marie de la companya del companya de la companya de la companya del companya de la companya de l	2017 - 2017 3		OLEVANI UZANE					10000		
	7	Wages, salaries, t	ips, etc.	Attach Form	(s) W-2.					7		
Attach												
Form(s) W-2	8a	Taxable interest.	Attach S	Schedule B if	required	l.				8a		
here. Also	b	Tax-exempt inter	est. Do	not include o	n line 8a	a. 8b						Т
attach Form(s)	9a	Ordinary dividend	s. Attach	Schedule B	if requir	ed.				9a		
1099-R if tax	b	Qualified dividend	ls (see in	structions).		9b						
was	10	Capital gain distri	outions (	see instruction	ons).					10		
withheld.	11a	IRA				11b Tax	able an	nount				
If you did not		distributions.	11a			(se	e instruc	ctions).		11b		
get a W-2, see	12a	Pensions and				12b Tax	able an	nount				
instructions.		annuities.	12a			(se	e instruc	ctions).		12b		
	13	Unemployment co	mpensa	ation and Alas	ska Pern	nanent Fu	nd divid	ends.		13		
	14a	Social security				14b Tax	able an	nount				
		benefits.	14a			(se	e instruc	ctions).		14b		
	15	Add lines 7 throug	h 14b (f	ar right colun	nn). This	is your to	tal inco	me.	•	15		
Adjusted												
gross	16	Educator expense	es (see ir	structions).		16						
income	17 IRA deduction (see instructions). 17											
	18	18 Student loan interest deduction (see instructions). 18										
	19	Tuition and fees.			The Control of Control	19						
	20	Add lines 16 throu	igh 19. 7	These are you	ır total a	adjustmer	nts.			20		

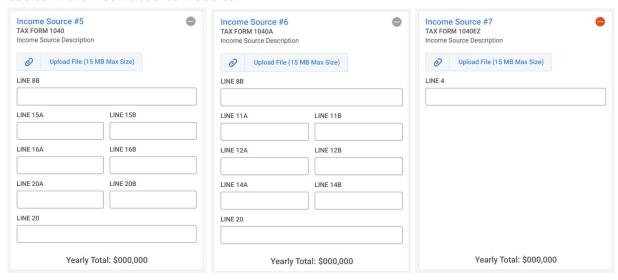
Form 1040EZ	Inc		urn for Single and		2012			OMP No. 15	45 0074		
Your first name a								OMB No. 1545-0074  Your social security number			
			30 September 200					1 1			
If a joint return, s	pouse's first	name and initial	Last name				Spou	se's social sec	curity number		
Home address (n	number and s	street). If you have a P.	D. box, see instructions.			Apt. no.	<b>A</b>	Make sure above are			
City, town or post	office, state, a	and ZIP code. If you have	a foreign address, also complet	e spaces below (se	ee instructions).		Check	dential Electio here if you, or you	ur spouse if filing		
Foreign country	name		Foreign p	province/state/co	ounty	Foreign postal cod		want \$3 to go to to selow will not char			
Income	1		nd tips. This should be sh	nown in box 1	of your Form	(s) W-2.					
Attach	-	Attach your Form	s) w-2.				1		_		
Form(s) W-2 here.	2	Taxable interest. I	f the total is over \$1,500.	you cannot us	se Form 1040l	EZ.	2				
Enclose, but do not attach, any	3	Unemployment co	mpensation and Alaska l	Permanent Fur	nd dividends (	see instructions).	3				
payment.	4	Add lines 1, 2, and	13. This is your adjusted	d gross incom	e.		4				
	5		im you (or your spouse (es) below and enter the								
		You	Spouse								
		If no one can claim you (or your spouse if a joint return), enter \$9,750 if single;									
	6	\$19,500 if married filing jointly. See back for explanation. 5  Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0									
		This is your taxab		, .		<b>•</b>	6				
Payments,	7	Federal income ta:	x withheld from Form(s)	W-2 and 1099	),		7				
Credits,	oa		redit (EIC) (see instruct	ions).			8a				
and Tax	- b	Nontaxable combat pay election. 8b  Add lines 7 and 8a. These are your total payments and credits.									
	10		unt on line 6 above to fir			n the	9		_		
	57/		enter the tax from the ta				10				
Refund	11a		han line 10, subtract line	10 from line 9	. This is your	refund.	680				
Have it directly		If Form 8888 is at	tached, check here				11a				
deposited! See instructions and fill in 11b, 11c,	<b>▶</b> b	Routing number			►c Type:	Checking S	ivings				
and 11d or Form 8888.	▶ d	Account number									
Amount You Owe	12		than line 9, subtract line 9 we. For details on how to				12				
	Do you					tructions)?		nplete below	, No		
Third Party Designee	Designe										
	name	•		no. >		number (PI)	N)	<b>&gt;</b>			
Sign Here	accurat	ely lists all amounts an	seclare that I have examined d sources of income I receive	ved during the ta	, to the best of ix year. Declarat	my knowledge and to tion of preparer (other	than the	taxpayer) is t	t, and based		
	Veur ele		preparer has any knowledge	Date	Your occupat	ion	Daytim	e phone numb	ber		
Joint return? See instructions.		,									
Keep a copy for your records.	Spouse	e's signature. If a joint return, both must sign.  Date  Spouse's occupation						If the IRS sent you an Identity Protection PIN, enter it here (see inst.)			
Paid Preparer	Print/Type	preparer's name	Preparer's signature			Date	Check	Check if PTIN self-employed			
Preparer Use Only	Firm's nam	ne ►			- "	Firm's EIN ▶					
Use Only	Firm's artifrees Phone no										

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

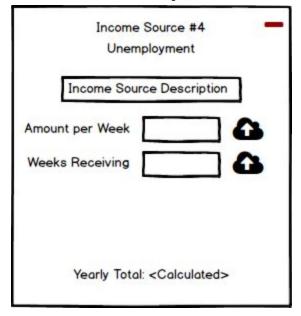
Form 1040EZ (2012)

Cat. No. 11329W

The information from the lines highlighted in yellow should be entered on the appropriate lines labeled in the income source modules:



The Unemployment module is not pictured, but it requires the weekly amount received as well as the total number of weeks the person will be on unemployment this year.



## **Results**

Once all income data has been entered, pressing "Submit Data" will calculate all results, and store the uploaded documents with the selected patients. ALL DOCUMENTS MUST BE UPLOADED. If an income source is added, but the required documents are not attached, the website will not calculate the results and will display an error.

Grand Total Yearly Income for Household	
Sliding Scale Group	
Flat Payment Due	
Procedure %	

The Grand Total is simply the sum of all the yearly income sources. This information is used in conjunction with the number of people in the household to determine where the patient falls on the sliding scale. The website then displays the Flat Payment the patient must pay, as well as what percentage the patient pays of the cost of any optional procedures that are covered by the sliding scale.