

Goshen Medical Center Sliding Scale Fee Calculator

The interface is a web application for calculating sliding scale fees. It features a top navigation bar with a hamburger menu, tabs for 'Dashboard', 'Patient Name', and 'Sliding Fee Discount', a search bar, and a user profile 'Terry Lee'. The main content area is organized into several functional blocks:

- Household Management:** A table with columns 'PATIENT NAME', 'DATE OF BIRTH', 'MR #', 'RELATIONSHIP TO HEAD OF HOUSEHOLD', and 'EDIT'. An 'ADD NEW' button is located above the table.
- Summary Table:** A table with four rows: 'Grand Total Yearly Income for Household', 'Sliding Scale Group', 'Flat Payment Due', and 'Procedure %'.
- Income Source Input Panels:** Seven panels for entering income information:
 - Income Source #1 (WEEKLY):** Four weekly input fields.
 - Income Source #2 (BI-WEEKLY):** Two bi-weekly input fields.
 - Income Source #3 (MONTHLY):** One monthly amount input field.
 - Income Source #4 (YEAR TO DATE):** One year-to-date amount and one date paid input field.
 - Income Source #5 (TAX FORM 1040):** Upload button and fields for LINE 8B, LINE 15A, LINE 15B, LINE 16A, LINE 16B, LINE 20A, LINE 20B, and LINE 20.
 - Income Source #6 (TAX FORM 1040A):** Upload button and fields for LINE 8B, LINE 11A, LINE 11B, LINE 12A, LINE 12B, LINE 14A, LINE 14B, and LINE 20.
 - Income Source #7 (TAX FORM 1040EZ):** Upload button and one line 4 input field.
- Add Income Source:** A panel with a plus icon and a dropdown menu to add new income sources.
- Footer:** 'SUBMIT' and 'CANCEL' buttons.

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:

+
Add Income Source

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 **MUST** be consecutive, meaning they do not skip pay periods.

Income Source #1	Income Source #2	Income Source #3
WEEKLY	BI-WEEKLY	MONTHLY
Income Source Description	Income Source Description	Income Source Description
WEEK 1	WEEK 1	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>
WEEK 2	WEEK 2	
<input type="text"/>	<input type="text"/>	
WEEK 3		
<input type="text"/>		
WEEK 4		
<input type="text"/>		
Yearly Total: \$000,000	Yearly Total: \$000,000	Yearly Total: \$000,000

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

Income Source #4
YEAR TO DATE
Income Source Description
AMOUNT
<input type="text"/>
DATE PAID
<input type="text"/>
Yearly Total: \$000,000

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.

Form 1040		Department of the Treasury—Internal Revenue Service (99)		2015	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
For the year Jan. 1–Dec. 31, 2015, or other tax year beginning				, 2015, ending		, 20
Your first name and initial		Last name		See separate instructions.		
				Your social security number		
If a joint return, spouse's first name and initial		Last name		Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.		▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).						
Foreign country name		Foreign province/state/county		Foreign postal code		
Filing Status		1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child				
Check only one box.						
Exemptions		6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions) If more than four dependents, see instructions and check here ▶ <input type="checkbox"/> d Total number of exemptions claimed				
		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶				
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a. 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶				
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.						
If you did not get a W-2, see instructions.						
Adjusted Gross Income		23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8917 35 Domestic production activities deduction. Attach Form 6903 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ▶				
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2015)						

Your first name and initial		Last name		OMB No. 1545-0074	
If a joint return, spouse's first name and initial		Last name		Your social security number 	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).				Spouse's social security number ▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/country		Foreign postal code	

Filing status Check only one box.	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
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Exemptions				Boxes checked on 6a and 6b																																							
6a <input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse				No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">c Dependents:</th> <th style="text-align: center;">(2) Dependent's social security number</th> <th style="text-align: center;">(3) Dependent's relationship to you</th> <th style="text-align: center;">(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)</th> </tr> <tr> <th style="text-align: left;">(1) First name</th> <th style="text-align: left;">Last name</th> <th></th> <th></th> <th></th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>					c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	(1) First name	Last name								<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>				
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d Total number of exemptions claimed.				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table>																																							

Income				
7 Wages, salaries, tips, etc. Attach Form(s) W-2.				7
8a Taxable interest. Attach Schedule B if required.				8a
b Tax-exempt interest. Do not include on line 8a.				8b
9a Ordinary dividends. Attach Schedule B if required.				9a
b Qualified dividends (see instructions).				9b
10 Capital gain distributions (see instructions).				10
11a IRA distributions.		11a	11b Taxable amount (see instructions).	
12a Pensions and annuities.		12a	12b Taxable amount (see instructions).	
13 Unemployment compensation and Alaska Permanent Fund dividends.				13
14a Social security benefits.		14a	14b Taxable amount (see instructions).	
15 Add lines 7 through 14b (far right column). This is your total income. ▶				15

Adjusted gross income				
16 Educator expenses (see instructions).				16
17 IRA deduction (see instructions).				17
18 Student loan interest deduction (see instructions).				18
19 Tuition and fees. Attach Form 8917.				19
20 Add lines 16 through 19. These are your total adjustments.				20
21 Subtract line 20 from line 15. This is your adjusted gross income. ▶				21

Department of the Treasury—Internal Revenue Service																
Form 1040EZ	Income Tax Return for Single and Joint Filers With No Dependents (99)		2012													
			OMB No. 1545-0074													
Your first name and initial		Last name		Your social security number												
If a joint return, spouse's first name and initial		Last name		Spouse's social security number												
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.	Make sure the SSN(s) above are correct.												
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																
Foreign country name		Foreign province/state/county	Foreign postal code	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse												
Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.			1												
	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.			2												
	3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions).			3												
	4 Add lines 1, 2, and 3. This is your adjusted gross income .			4												
	5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,750 if single ; \$19,500 if married filing jointly . See back for explanation.			5												
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.			6												
Payments, Credits, and Tax	7 Federal income tax withheld from Form(s) W-2 and 1099.			7												
	8a Earned income credit (EIC) (see instructions).			8a												
	b Nontaxable combat pay election. 8b															
	9 Add lines 7 and 8a. These are your total payments and credits .			9												
Refund Have it directly deposited! See instructions and fill in 11b, 11c, and 11d or Form 8888.	10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.			10												
	11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>			11a												
	b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings															
Amount You Owe	d Account number 															
	12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe . For details on how to pay, see instructions.			12												
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No															
Sign Here Joint return? See instructions. Keep a copy for your records.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Designee's name</td> <td style="width: 20%;">Phone no.</td> <td style="width: 20%;">Personal identification number (PIN)</td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2">Your signature</td> <td>Date</td> <td>Your occupation</td> </tr> <tr> <td colspan="2">Spouse's signature. If a joint return, both must sign.</td> <td>Date</td> <td>Spouse's occupation</td> </tr> </table>				Designee's name	Phone no.	Personal identification number (PIN)		Your signature		Date	Your occupation	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
Designee's name	Phone no.	Personal identification number (PIN)														
Your signature		Date	Your occupation													
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation													
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date												
	Firm's name		Firm's EIN													
	Firm's address		Phone no.													
		Check <input type="checkbox"/> if self-employed	PTIN													

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

Cat. No. 11329W


 Form **1040EZ** (2012)

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

Income Source #5

TAX FORM 1040

Income Source Description

 Upload File (15 MB Max Size)

LINE 8B

LINE 15A

LINE 15B

LINE 16A

LINE 16B

LINE 20A

LINE 20B


LINE 20

Yearly Total: \$000,000

Income Source #6

TAX FORM 1040A

Income Source Description

 Upload File (15 MB Max Size)

LINE 8B

LINE 11A

LINE 11B

LINE 12A

LINE 12B

LINE 14A

LINE 14B


LINE 20

Yearly Total: \$000,000

Income Source #7

TAX FORM 1040EZ

Income Source Description

 Upload File (15 MB Max Size)

LINE 4

Yearly Total: \$000,000


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.

Income Source #4


Unemployment

Income Source Description

Amount per Week



Weeks Receiving



Yearly Total: <Calculated>

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.