

Graves Counseling & Wellbeing Group Sliding Fee Discount Program

POLICY: To make discount services available to those in need.

PURPOSE: This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Account Representative's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Graves Counseling and Wellbeing Group will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Graves Counseling and Wellbeing Group will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

PROCEDURE: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Graves Counseling and Wellbeing Group will notify consumers of the Sliding Fee Discount Program by:
 - All consumers will be screened at the time of intake/assessment, and if uninsured or underinsured, will be oriented to the application process.
 - Notification of the Sliding Fee Discount Program will be provided in the Consumer Handbook to each client upon admission.
 - Sliding Fee Discount Program application will be included with collection notices sent out by Graves Counseling and Wellbeing Group.
 - An explanation of our Sliding Fee Discount Program and our application form are available on Graves Counseling and Wellbeing Group's website.
 - Graves Counseling and Wellbeing Group places notification of Sliding Fee Discount Program in the clinic waiting area.

2. All patients seeking healthcare services at Graves Counseling and Wellbeing Group are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.



3. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for office visits. Information and forms can be obtained from any employee of GCWG, as well as from the GCWG website.
4. Administration: The Sliding Fee Discount Program procedure will be administered through the Executive Director or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
5. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Graves Counseling and Wellbeing Group access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two-week time period, their application will be re-dated to the date on which they supply the requested information.

6. Eligibility: Discounts will be based on income and family size only.
 - Family is defined as a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
 - Income includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.



7. Income verification: Applicants must provide one of the following:
 - prior year W-2
 - two most recent pay stubs
 - letter from employer
 - Form 4506-T (if W-2 not filed)
 - Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.
 - Self- declaration of Income may only be used in special circumstances. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification.
8. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.
9. Nominal Fee: Patients receiving a full discount will be charged a \$15 nominal charge per visit. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus, is not a minimum fee or co-payment.
10. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by Graves Counseling and Wellbeing Group's Executive Director or their designee. Any waiving of charges should be documented in the Sliding Fee Discount Program Folder with an explanation (e.g., ability to pay, good will, health promotion event).
11. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Graves Counseling and Wellbeing Group. Sliding Fee Discount Program



applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

12. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Graves Counseling and Wellbeing Group can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the filing closet, in an effort to preserve the dignity of those receiving free or discounted care.
 - Applicants that have been approved for the Sliding Fee Discount Program will be logged in a register that will be stored with Sliding Fee Discount Program decisions in Graves Counseling and Wellbeing Group's filing closet, noting names of applicants, dates of coverage and percentage of coverage.
 - The Executive Director will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
14. Policy and procedure review: The Sliding Fee Schedule will be based on the current Federal Poverty Guidelines. Graves Counseling and Wellbeing Group will annually review Sliding Fee Discount Program policies, procedures, and records, as well as update policies to reflect most updated poverty guidelines and address any identified barriers to treatment.
15. Budget: During the annual budget process, an estimated amount of SFS Program service will be placed into the budget as a deduction from revenue.



ATTACHMENTS:

Sliding Fee Schedule

Application for the Sliding Fee Discount Program



SLIDING FEE SCHEDULE

Poverty Level	≥ 100%	125%	150%	175%	200%	200%+
Family Size	Nominal Fee (\$15)	20% pay	40% pay	60% pay	80% pay	100% pay
1	\$0 - \$14,580	\$14,581 - \$18,225	\$18,226 - \$21,870	\$21,871 - \$25,515	\$25,516 - \$29,160	\$29,161+
2	\$0 - \$19,720	\$19,721 - \$24,650	\$24,651 - \$29,580	\$29,581 - \$34,510	\$34,511 - \$39,440	\$39,441+
3	\$0 - \$24,860	\$24,861 - \$31,075	\$31,076 - \$37,290	\$37,291 - \$43,505	\$43,506 - \$49,720	\$49,721+
4	\$0 - \$30,000	\$30,001 - \$37,500	\$37,501 - \$45,000	\$45,001 - \$52,500	\$52,501 - \$60,000	\$60,001+
5	\$0 - \$35,140	\$35,141 - \$43,925	\$43,926 - \$52,710	\$52,711 - \$61,495	\$61,496 - \$70,280	\$70,281+
6	\$0 - \$40,280	\$40,281 - \$50,350	\$50,351 - \$60,420	\$60,421 - \$70,490	\$70,491 - \$80,560	\$80,561+
7	\$0 - \$45,420	\$45,421 - \$56,775	\$56,776 - \$68,130	\$68,131 - \$79,485	\$79,486 - \$90,840	\$90,841+
8	\$0 - \$50,560	\$50,561 - \$63,200	\$63,201 - \$75,840	\$75,841 - \$88,480	\$88,481 - \$101,120	\$101,121+
For each additional person, add:	\$5,140	\$6,425	\$7,710	\$8,995	\$10,280	\$10,280



SLIDING FEE DISCOUNT APPLICATION

Graves Counseling & Wellbeing Group / 1442 E Oak St / Cushing, OK 74023 / 918.285.6268

It is the policy of Graves Counseling and Wellbeing Group to provide essential services regardless of the patient's ability to pay. Discounts are offered based on family size and annual income. Please complete the following information and return to your therapist to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this agency, but not those services or equipment that are purchased from outside. This form must be completed every 12 months or if your financial situation changes.

HEAD OF HOUSEHOLD

Name: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

SPOUSE AND DEPENDENTS UNDER AGE 18

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____



ANNUAL HOUSEHOLD INCOME

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Income from business, self-employment, and dependents				
Unemployment compensation, workers' compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income				
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources				
Total Income				

NOTE: Copies of tax returns, pay stubs, or other information verifying income may be required before a discount is approved.

I certify that the family size and income information shown above is correct.

Name (Print)

Signature

Date

OFFICE USE ONLY

Consumer Name: _____

Approved Discount or Reason for Denial: _____

Approved By: _____

Date Approved: _____

Verification Checklist:

Identification/Address (Driver's license, utility bill, employment letter, other)

Yes No

Income (Prior year tax return, 3 most recent paystubs, or other)

Yes No

Insurance (Insurance card)

Yes No N/A

