

**Sacramento County Department of Health Services  
Health Center Co-Applicant Board (CAB)**

**Special Meeting Agenda**

September 9, 2022 9:30 AM to 11:00 AM

**Meeting Location**

Via Zoom: To see/share documents on the screen, go to

<https://www.zoomgov.com/j/1607171817?pwd=alprVXJvMlhqQnNibWRNQkNJVTEzUT09>

Meeting ID: 160 299 6161

Passcode: 250277

One tap mobile

+16692545252,,1619656307# US (San Jose)

+16692161590,,1619656307# US (San Jose)

OR

Dial by your location

+1 669 254 5252 US (San Jose)

+1 669 216 1590 US (San Jose)

Meeting ID: 160 299 6161

In Person: Conference Room 2800

- Please RSVP at least 24 hours in advance to Mr. Safi at [SafiM@saccounty.net](mailto:SafiM@saccounty.net) to reserve a place.
- Please arrive 15 minutes before the meeting start so that someone can bring you behind the locked doors. Wait in the main lobby (entrance on garage side) for someone to bring you upstairs.
- Facemasks are still required in the Primary Care Center.

Topic
Opening Remarks and Introductions – <i>Ms. Winbigler, Chair</i> <ul style="list-style-type: none"><li>• Roll Call and Welcoming of Guests/Potential New Members</li></ul>
Service Area Competition Application – <i>Dr. Hutchins</i> <ul style="list-style-type: none"><li>• *Review and approval of changes to <i>PP 11-01 Sliding Fee Discount Program</i></li><li>• *Review of CAB membership</li><li>• *Approval of submission of SAC application by staff</li></ul>
Next Meeting Items – All <ul style="list-style-type: none"><li>• HRSA Project Director and Medical Director Reports</li><li>• July Financial Status Report</li><li>• Discussion of Officer Elections</li><li>• Committee Updates<ul style="list-style-type: none"><li>○ *Policy and Procedure Review</li></ul></li></ul>
Public Comment – <i>Mr. Sultani, Vice-Chair</i>
Closing Remarks and Adjourn – <i>Ms. Winbigler, Chair</i>

**Next Meeting:** Friday, September 16, 2022 9:30-11:00 via Zoom or in person

\*Items that require a quorum and vote.

## **Sacramento County Department of Health Services Health Center Co-Applicant Board (CAB)**


The Co-Applicant Board welcomes and encourages participation in the meetings.

Matters under the jurisdiction of the Co-Applicant Board and not on the posted agenda may be addressed by the public following completion of regular business.

The agenda is posted on-line for your convenience at <https://dhs.saccounty.net/PRI/Pages/Health%20Center/Co-Applicant%20Board/County-Health-Center-Co-Applicant-Board.aspx>

Per the Brown Act, those attending a CAB meeting through teleconferencing are required to disclose the location from which they are calling. It is illegal to call while driving. There is a cap on how many members can attend from outside Sacramento County.

Meeting facilities are accessible to persons with disabilities. Requests for interpreting services, assistive listening devices or other considerations should be submitted by contacting the Primary Health Division at (916) 875-5701 (voice) and CA Relay Services 711 (for the hearing impaired), no later than five working days prior to the meeting.

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health and Human Services</b>  <b>Division of Primary Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-01</b>
	Effective Date	<b>02-01-12</b>
	Revision Date	<del>08/10/21</del> <del>03/11/2021</del> <del>09-05-2022</del>
Title: <b>Sliding Fee Discount</b>		Functional Area: <b>Fiscal Services</b>
Approved By: <del>Sharon S. Hutchins, HRSA Project Director</del> <del>John Dizon, Senior Administrative Analyst</del> <u>Andrew Mendonsa, Division Manager</u>		

**Policy:**

**A. Background and Purpose**

The Health Resources and Services Administration (HRSA) has designated the Sacramento County Health Center (SCHC) as a Federally Qualified Health Center (FQHC). As an FQHC, the ~~Health Center~~SCHC is required to abide by regulations regarding service provision to low income ~~County residents/patients~~. ~~These regulations are found in~~ Section 330 of the Public Health Service Act ~~contains these regulations~~.

The purpose of this policy is to ensure that no patient is denied health care services due to inability to pay for such services and to ensure that any fees or payments charged by the ~~health center~~SCHC for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program (SFDP), as outlined by HRSA.

**B. Definitions**

Sliding Fee Discount (SFDP) Schedule Program (-SFDSFDP): A set of tiered discounts based on the Federal Poverty Level Guidelines for HRSA-required and additional services based:

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty ~~Level Guidelines (FPLG)~~ Guidelines;
- Providing a full discount for individuals or families with annual incomes at or below 100 percent of the FPG;
- Providing an adjustment of fees based on family size and income for individuals and families with income above 100 and at or below 200 percent of the FPG; and
- Providing no sliding fee discounts for individuals and families with annual income above 200 percent of the FPG.

See Attachment A: SCHC Sliding Fee Tables for the most current SFDP tiers and nominal charges per service category.

Federal Poverty Level (FPL): The annual income level below which a person (or family) is considered to be living in poverty, depending on family size, that is set in January each year by US Department of Health and Human Services and published in the Federal Register (see <https://aspe.hhs.gov/poverty-guidelines>). The SCHC sliding fee discount program is based on current FPL levels and is updated annually.

Family: For the purposes of assessing the federal poverty level, a "family" consists of those members supported by the reported income—typically the individuals reported on the federal tax return.

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HRSA Required and Additional Services: The set of services that any FQHC is required to provide (directly or indirectly by agreement with another provider) to patients under federal regulations and additional services that a FQHC adds to its official scope of work with approval by HRSA. See *Attachment B: SCHC Scope of Services* for the most current list of services covered by the Sliding Fee Discount Program (SFDP).

Nominal Charge: A small, flat fee that is “nominal” from the patient’s perspective and is unrelated to the actual cost of the service provided. The purpose of the charge is intended to enhance the perceived value of health care services received without creating an economic barrier to receiving care.

### C. Applicability of the Sliding Fee Discount Schedule Program (SFDSFDP) Program

Sacramento County Health Center (SCHC) maintains a standard set of procedures for its SFDP. These procedures apply to all patients regardless of health coverage or immigration status. Sliding fee scale discounts (SFDs) are available to patients with income at or below 200% of the federal poverty level (FPL) guidelines. Patients living below 100% of the FPL are assessed a nominal charge is assessed per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A: SCHC Sliding Fee Tables*).

Sliding fee scale discounts SFDSFDP apply to HRSA’s Required and a Additional s Services for SCHC, which constitute all services within SCHC’s Scope of Services and all HRSA Required s Services provided by non-SCHC providers through an agreement between SCHC and another party. *Attachment B: SCHC Scope of Services* contains the list of services for which patients may be eligible to receive a sliding fee discount. The SFDSFDP Program SFDP does not cover visits outside of SCHC’s Scope of Services (i.e. other than the HRSA required and additional services). For example, if a patient covered by a Managed Medi-Cal plan is approved by that health plan for cosmetic plastic surgery (which is outside of SCHC’s Scope of Services) but is subject to a co-pay for that service, the patient may not receive a SFD from SCHC for that co-pay.

Any patient seeking a HRSA Required or a Additional s Service from SCHC who meets SFDSFDP Program SFDP eligibility requirements may receive a SFDSFD. For such patients with health insurance, the SFDSFDPs applies apply to non-covered services, co-payments, deductibles, and coinsurance. Such p Patients with coverage that cannot be used to pay for services at SCHC (i.e. 3<sup>rd</sup> party pay or self-pay patients) are also covered by the SFDSFDP Program SFDP.

### D. Establishing and Reviewing the Sliding Fee Scale Schedule and Nominal Charge

The sliding fee discount scale SFD Schedule and any nominal charge are set annually after the Congress publishes the federal poverty guidelines are published in the federal register (typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, Community Health Centers) in the area and takes costs into account. Staff also reviews the nominal charge for continued appropriateness, comparing fees charged by similar entities in the area. SCHC leadership may engage a consultant to assist with this review. Staff may recommend no change or propose a modification to the fee discount scaleschedule to the SCHC Co-Applicant Board (CAB). In addition, staff reviews the nominal charge for continued appropriateness, comparing such fees charged by other similar entities in the area. The purpose of the charge is intended to enhance the perceived value of health care services received without creating an economic barrier to receiving care. Staff may recommend no change or a modification to the nominal charge. These R recommendations

are presented to the CAB for review and approval no later than the April ~~monthly~~ meeting each year, except under extraordinary circumstances.

**Procedures:**

Sacramento County Health Center (~~SCHC~~) ~~maintains personnel and contractors follow a~~ standard set of procedures for

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- Informing patients about the ~~SFDS Program~~SFDP;
- Assessing patients' eligibility for the ~~SFDS Program~~SFDP;
- Assisting patients to apply for the ~~SFDS Program~~SFDP and verifying application documentation;
- Providing and billing for services at discounted prices for those in the ~~SFDS Program~~SFDP;
- Reviewing ~~SFDS~~SFDP patients' continued ~~SFDS Program~~SFDP eligibility at least annually; and
- Monitoring and evaluating the impact of the SFDP--.

**A. Communication about the ~~SFDS Program~~SFDP to Patients**

Signage posted through~~out~~ the primary care sites and on the ~~SCH~~Cacramento County Health Center's website ~~communicates the existence~~informs patients of the ~~SFDS Program~~SFDP--. In addition, the new patient packet contains information on the ~~SFDS Program~~SFDP, including eligibility requirements and the process to apply--. Finally, information about the ~~SFDS Program~~SFDP is communicated ~~orally~~to patients when staff conduct~~s~~ new patient outreach, schedule~~s a patient for~~ a new patient appointment, or when revised income or family size information provided by an existing patient ~~would make them~~alters eligibility. ~~The next section explains this process further~~ is explained further in the next section.--.

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**B. Assessing Patients' Eligibility for ~~SFDS Program~~SFDP**

1. New Patients

- a. Upon enrollment with SCHC, a Patient Service Representative (PSR) determines whether a patient has healthcare coverage by checking Medi-Cal, Medicare, and healthcare portals--. This information is recorded, or revised/updated if necessary, in the Electronic Medical Record (EMR) system—OCHIN EPIC ("OCHIN").
  - i. Patients without health care coverage are encouraged, but not required, to apply for coverage, because it is a valuable asset that can improve a patient's health trajectory and assist ~~him or her to~~them to establish and maintain a medical home.--.
    - 1) The PSR informs the patient about possible sources of health coverage, including
      - a) Medi-Cal;
      - b) Medicare;
      - c) Healthy Partners (Sacramento County's program for undocumented individuals aged 27-49 years); and

d) Other public and/or private health insurance and/or discount programs available for which the patient may qualify, including prescription drug assistance from pharmaceutical companies.

2) The PSR asks the patient if they would like ~~to be referred~~ referral to a health care navigator to assist them in understanding what coverage options may be available to them as well as assistance with insurance enrollment. If the patient agrees, the PSR will refer the patient to either Member Services (for Sacramento County's Healthy Partners) or Sacramento Covered (for the other programs).

ii. Patients with health care coverage

1) If the patient's health care coverage is not accepted for payment by SCHC (i.e. is provided by an organization with which SCHC does not have a contract, agreement or other arrangement to provide payment)

a. The PSR informs the patient of this fact and offers the patient assistance to identify their assigned medical home or to identify another provider that may ~~take~~ accept the coverage.

b. If the patient would still like to receive services from SCHC, the PSR informs ~~him or her~~ the patient that they will need to pay for services out of pocket. If such a self-pay patient meets eligibility requirements, ~~he/she/they~~ can receive a ~~sliding fee discount~~ SFD for SCHC health care services.

2) If the patient's coverage is accepted for payment by SCHC but the coverage is not comprehensive of all charges (e.g. has a co-pay, deductible, or coinsurance) or of all HRSA required and additional services, the patient can receive a ~~sliding fee discount~~ SFD for SCHC health care services if they meet ~~SFDS Program~~ SFDP eligibility requirements.

b. ~~Upon Prior to~~ enrollment, the PSR ~~also~~ asks the patient to provide their family (see Definitions section) income and family size (among other demographic information) and records this information in OCHIN. ~~For the purposes of assessing FPL, a family" consists of those members supported by the reported income—typically the individuals reported on the federal tax return (see Definitions above).~~ OCHIN ~~EPIG is configured to~~ calculates the FPL automatically and flags the eligibility of the patient for the SFDP.

c. If the patient is eligible for the ~~SFDS Program~~ SFDP, the PSR explains the program to the patient and asks if the patient would like to apply. Please see ~~section~~ Section C: Application Process for SFDP below for next steps.

2. Existing Patients

a. Prior to each appointment, a Member Services SCHC-PSR verifies whether an existing patient has healthcare coverage by checking Medi-Cal, Medicaid, and healthcare portals. ~~This~~ The PSR records or updates, as appropriate, this

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information ~~is recorded or revised~~ updated, if necessary, in the in the Electronic Medical Record (EMR) system, called OCHIN EPIC ("OCHIN").

- b. ~~Prior to eae~~ During check in for each appointment, the registration PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records ~~this information~~ in OCHIN. ~~OCHIN EPIC is configured to calculate the FPL automatically and flag the eligibility of the patient for the SFDS Program~~ SFDP.
  - i. If a change to an existing patient's income, family size, and/or residency makes them eligible for the SFDP, the registration PSR explains the program to the patient, provides them with the SCHC Sliding Fee Information Sheet (see Attachment C), and asks if the patient would like to apply. Please see ~~section~~ Section C: Application Process for SFDP below for next steps.
  - ii. If a change to an existing patient's income, family size, and/or residency changes the ~~SFDS~~ SFDP Tier for which the patient is eligible, or makes them ineligible for the SFDS Program SFDP, ~~this fact is explained~~ the PSR explains this fact to the patient and ~~the SCHC will bill (using the new status) sliding fee discount will no longer be given~~ for services provided after this assessment.

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**C.B. Assisting Patients to Apply for SFDS Program SFDP**

- 1. When a patient indicates interest in applying for the SFDS Program SFDP, the PSR asks the patient to complete the Sliding Fee Application (see Attachment D) and ~~offers~~ refers the patient to Member Services for assistance in completing the application and identifying appropriate documentation.
- 2. ~~The Member Services representative~~ PSR meets with the patient (by phone or in person). ~~The PSR also to explains to the patient~~ the type of documentation required to show their income, family size, and residency in Sacramento County (see table on the next page).

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2.

Income	
Income includes:	Verification:
Wages before deductions (federal gross income)	<ul style="list-style-type: none"> <li>• Paycheck stub (2 consecutive pay periods)</li> <li>• Current Tax return</li> <li>• Letter from employer on letterhead</li> <li>• Affiliated agency income verification documentation</li> </ul>
Other income such as pension, retirement, social security, worker's compensation, unemployment, public assistance, alimony, etc.	<ul style="list-style-type: none"> <li>• Award letter</li> <li>• Paycheck stub</li> </ul>
If no income	<ul style="list-style-type: none"> <li>• Self-Attestation of Income form</li> </ul>
Family Size	
Family: those members supported	Patient attestations are used for verification.

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by the reported income—typically the individuals reported on the federal tax return	
People to include in family size:	<ul style="list-style-type: none"> <li>• The applicant</li> <li>• Applicant's spouse or registered domestic partner</li> <li>• Applicant's children</li> <li>• Any individuals related to and living with the applicant counted as dependents</li> <li>• Any individuals not related to but living with the applicant counted as dependents</li> </ul>
People <u>not</u> to include:	<ul style="list-style-type: none"> <li>• Individuals who do not live with the applicant, unless economically dependent on the applicant</li> <li>• Individuals who are temporarily living with the applicant</li> <li>• Roommates/housemates living with applicant who resides in group quarters or housing</li> </ul>
<b>County Residency</b>	
Residency is defined as living in Sacramento County, or intent to live in Sacramento County—	Verification is local utility bill such as PG&E or a rental agreement with the head of household's name and an address within Sacramento County.

3. Patients who refuse to complete the ~~SFDS-Program~~SFDP application or to provide required documentation ~~will not be~~ **no** granted a sliding fee discount and will be assessed full charges for the services (or portion for which they are financially responsible under any health care coverage).
4. If a patient learns about the ~~SFDS-Program~~SFDP just before a scheduled visit, the PSR informs them that ~~they will be seen for that visit with~~ **SCHC will provide** presumptive ~~SFDS-Program~~SFDP eligibility **for the visit**, but must bring in the required documentation before their next visit— Patients who fail to provide required documentation ~~will not be~~ **not** granted the ~~sliding fee discount~~ (SFD) and will retroactively be billed full price for the visit with presumptive eligibility.
5. The ~~Member Services~~Registration PSR scans all documentation provided into the FDS Consent to Bill module in the patient's OCHIN chart— The patient is eligible for a SFD when all documentation is received and FPL criteria for a discount are met.
6. Using the attached sliding fee ~~scales~~ **schedule** (see *Attachment A*), the ~~Member Services~~ **Patient Service Representative**PSR determines the specific amount of discount for which the patient is eligible—
7. While a patient is awaiting their determination of eligibility from Medi-Cal, Medicare, or Healthy Partners, they will be offered a SFD for services based on their self-reported income, ~~if~~ **if** all other required documentation is provided. If health care coverage is subsequently retroactively granted, SCHC will refund any SFD payments accepted.
8. Patients with verified eligibility for SFDP receive 12 months of SFD for health care services within SCHC's scope of services.



9. Patients granted SFDP enrollment are notified of their responsibility to inform SCHC of any change in income, family size, or residency during this 12-month period.

#### **D.C. Billing for SFD**

For the purposes of determining the amount owed by a patient under the ~~SFDS Program~~SFDP, each visit to SCHC is considered to be separately regardless of the day of service ~~of the visits~~. For example, if a patient has a primary care visit at SCHC on the same day that they receive x-ray services and see the cardiologist at SCHC, each is considered a separate visit and the appropriate SFD (if any) will be applied to each visit separately ~~—~~. Visits to external providers (including Quest Laboratory) contracted by and/or paid by SCHC are also considered separate visits.

SCHC does not collect payment at the time of visit (see *Clinic Services Policy 11-02 Billing and Collections*) ~~—~~. Patients are informed that they are expected to pay and will receive a bill ~~—~~. Discounts for each tier of the ~~sliding fee scaleschedule discount program~~SFDP and the nominal charge (~~approved by the Co-Applicant Board annually~~) are published in a tables easily accessible by patients (see *Attachment A: SCHC Sliding Fee Tables*) ~~—~~. As detailed in *Clinic Services Policy 11-02 Billing and Collections*, ~~the Medical Director, Senior Administrative Analyst, or Health Program Managers~~SCHC leadership may grant a waiver of charges accrued by a participant in the SFDP due to economic hardship.

#### **E.D. Reviewing Continued Eligibility for SFDS Program**

Patients are required to be re-qualified for the ~~SFDS Program~~SFDP annually by providing new/updated documentation of income, family size, and residency ~~—~~. Prior to each visit, ~~the a Member Services Member Services~~ PSR checks whether existing patients are enrolled in the ~~SFDS Program~~SFDP. If they are, the PSR checks the annual review date ~~—~~. If that review date is within 6 weeks of the appointment date, the ~~Member Services~~ PSR informs the patient of this fact and requests the patient to bring updated ~~verifies current SFDS Program~~SFDP eligibility by requesting and reviewing documentation of income, family size and residency ~~—~~.

#### **F.E. Monitoring Adherence to SFDS Program**

1. Each month, the Clerical Supervisor examines data to monitor adherence to this ~~SFDS Program~~SFDP policy and procedure, including reviewing:
  - a. 10% of the charts of patients flagged for eligibility for SFD by ~~the OCHIN program~~ to determine if the appropriate SFD was offered to the patient; and
  - b. ~~20~~10% of current ~~SFDS Program~~SFDP patient charts per month to ensure that required documentation was obtained and scanned and that patients' status was reviewed annually.
2. If they find deviations from this policy and procedure, the Clerical Supervisor or designee
  - a. Reviews the error and proper procedure with the staff member who made each error. Repeated errors may result in disciplinary action.
  - b. If a pattern of errors is found for multiple individuals, all PSRs are retrained on the policy and procedure ~~—~~.
3. The Clerical Supervisor or designee reports on the findings of the compliance monitoring ~~bi-~~monthly at the Compliance Team meeting ~~—~~. Findings of systemic deviations may also result in a quality improvement project being to be implemented and overseen by the Quality Improvement Committee.

**G.F. Evaluating Effect of the ~~SFDS-Program~~SFDP on Patient Usage of Health Services**

At least once every three years, ~~the SCHC evaluates its SFDP~~ ~~SFDS-Program~~SFDP is evaluated by:

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, ~~as well as~~and those at or below 100% of the FPL, are accessing services;
2. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its ~~SFDS-Program~~SFDP in reducing financial barriers to care; and
3. Identifying and implementing changes as needed.

**References:**

[HRSA Compliance Manual, Chapter 9: Sliding Fee Discount Program](#)  
[PP-CS-11-02 Billing and Collections](#)  
[PP-CS-01-01 Quality Improvement](#)

**Attachments:**

Attachment A: [SCHC Sliding Fee Tables](#)

Attachment B: SCHC Scope of Services

Attachment C: [Sliding Fee Information Sheet](#)

Attachment D: [SCHC Sliding Fee Application](#)

Attachment E: [Self-Attestation of Income Form](#)

**Contact:**

John Dizon, Senior Administrative Analyst (for Policy questions)

~~Sandra Johnson, Senior Health Program Coordinator~~Clerical Supervisor (for Procedure questions)


**Approval by the Co-Applicant Board: 03/19/21**

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**Commented [A3]:** This is the old application.

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 <p style="text-align: center;"><b>County of Sacramento Department of Health Services Division of Primary Health Services Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-01</b>
	Effective Date	<b>02-01-12</b>
	Revision Date	<b>09-05-2022</b>
Title: <b>Sliding Fee Discount</b>		Functional Area: <b>Fiscal Services</b>
Approved By: Andrew Mendonsa, Division Manager		

**Policy:**

**A. Background and Purpose**

The Health Resources and Services Administration (HRSA) has designated the Sacramento County Health Center (SCHC) as a Federally Qualified Health Center (FQHC). As an FQHC, the SCHC is required to abide by regulations regarding service provision to low income patients. Section 330 of the Public Health Service Act contains these regulations.

The purpose of this policy is to ensure that no patient is denied health care services due to inability to pay for such services and to ensure that any fees or payments charged by the SCHC for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program (SFDP), as outlined by HRSA.

**B. Definitions**

Sliding Fee Discount Program (SFDP): A set of tiered discounts based on the Federal Poverty Level Guidelines for HRSA-required and additional services:

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty Level (FPL) Guidelines;
- Providing a full discount for individuals or families with annual incomes at or below 100 percent of the FPG;
- Providing an adjustment of fees based on family size and income for individuals and families with income above 100 and at or below 200 percent of the FPG; and
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Federal Poverty Level (FPL): The annual income level below which a person (or family) is considered to be living in poverty, depending on family size, that is set in January each year by US Department of Health and Human Services and published in the Federal Register (see <https://aspe.hhs.gov/poverty-guidelines>). The SCHC sliding fee discount program is based on current FPL levels and is updated annually.

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approval by HRSA. See *Attachment B: SCHC Scope of Services* for the most current list of services covered by the SFDP.

Nominal Charge: A small, flat fee that is “nominal” from the patient’s perspective and is unrelated to the actual cost of the service provided. The purpose of the charge is to enhance the perceived value of health care services received without creating an economic barrier to receiving care.

### **C. Applicability of the Sliding Fee Discount Program (SFDP)**

Sacramento County Health Center (SCHC) maintains a standard set of procedures for its SFDP. These procedures apply to all patients regardless of health coverage or immigration status. Sliding fee discounts (SFDs) are available to patients with income at or below 200% of the FPL. Patients living below 100% of the FPL are assessed a nominal charge per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A: SCHC Sliding Fee Tables*).

SFDP apply to HRSA’s required and additional services for SCHC, which constitute all services within SCHC’s Scope of Services and all HRSA required services provided by non-SCHC providers through an agreement between SCHC and another party. *Attachment B: SCHC Scope of Services* contains the list of services for which patients may be eligible to receive a sliding fee discount. The SFDP does not cover visits outside of SCHC’s Scope of Services (i.e. other than the HRSA required and additional services). For example, if a patient covered by a Managed Medi-Cal plan is approved by that health plan for cosmetic plastic surgery (which is outside of SCHC’s Scope of Services) but is subject to a co-pay for that service, the patient may not receive a SFD from SCHC for that co-pay.

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### **D. Establishing and Reviewing the Sliding Fee Schedule and Nominal Charge**

The SFD Schedule and any nominal charge are set annually after Congress publishes the federal poverty guidelines in the federal register (typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, Community Health Centers) in the area and takes costs into account. Staff also reviews the nominal charge for continued appropriateness, comparing fees charged by similar entities in the area. SCHC leadership may engage a consultant to assist with this review. Staff may recommend no change or propose a modification to the discount schedule to the SCHC Co-Applicant Board (CAB). Recommendations are presented to the CAB for review and approval no later than the April meeting each year, except under extraordinary circumstances.

### **Procedures:**

Sacramento County Health Center personnel and contractors follow a standard set of procedures for

- Informing patients about the SFDP;
- Assessing patients’ eligibility for the SFDP;
- Assisting patients to apply for the SFDP and verifying application documentation;
- Providing and billing for services at discounted prices for those in the SFDP;
- Reviewing SFDP patients’ continued SFDP eligibility at least annually; and

- Monitoring and evaluating the impact of the SFDP.

#### **A. Communication about the SFDP to Patients**

Signage posted throughout the primary care sites and on the SCHC's website informs patients of the SFDP. In addition, the new patient packet contains information on the SFDP, including eligibility requirements and the process to apply. Finally, information about the SFDP is communicated to patients when staff conducts new patient outreach, schedules a new patient appointment, or when revised income or family size information provided by an existing patient alters eligibility.

#### **Assessing Patients' Eligibility for SFDP**

##### **1. New Patients**

- a. Upon enrollment with SCHC, a Patient Service Representative (PSR) determines whether a patient has healthcare coverage by checking Medi-Cal, Medicare, and healthcare portals. This information is recorded, or updated if necessary, in the Electronic Medical Record (EMR) system—OCHIN EPIC ("OCHIN").

- i. Patients without health care coverage are encouraged, but not required, to apply for coverage, because it is a valuable asset that can improve a patient's health trajectory and assist them to establish and maintain a medical home.

- 1) The PSR informs the patient about possible sources of health coverage, including

- a) Medi-Cal;
- b) Medicare;
- c) Healthy Partners (Sacramento County's program for undocumented individuals aged 27-49 years); and
- d) Other public and/or private health insurance and/or discount programs available for which the patient may qualify, including prescription drug assistance from pharmaceutical companies.

- 2) The PSR asks the patient if they would like a referral to a health care navigator to assist them in understanding what coverage options may be available as well as assistance with insurance enrollment. If the patient agrees, the PSR will refer the patient to either Member Services (for Sacramento County's Healthy Partners) or Sacramento Covered (for the other programs).

##### **ii. Patients with health care coverage**

- 1) If the patient's health care coverage is not accepted for payment by SCHC (i.e. is provided by an organization with which SCHC does not have a contract, agreement or other arrangement to provide payment)
  - a. The PSR informs the patient of this fact and offers the patient assistance to identify their assigned medical home or to identify a provider that may accept the coverage.

- b. If the patient would still like to receive services from SCHC, the PSR informs the patient that they will need to pay for services out of pocket. If such a self-pay patient meets eligibility requirements, they can receive a SFD for SCHC health care services.
  - 2) If the patient's coverage is accepted for payment by SCHC but the coverage is not comprehensive of all charges (e.g. has a co-pay, deductible, or coinsurance) or for all HRSA required and additional services, the patient can receive a SFD for SCHC health care services if they meet SFDP eligibility requirements.
- b. Prior to enrollment, the PSR asks the patient to provide their family (see *Definitions* section) income and family size (among other demographic information) and records this information in OCHIN. OCHIN calculates the FPL automatically and flags the eligibility of the patient for the SFDP.
- c. If the patient is eligible for the SFDP, the PSR explains the program to the patient and asks if the patient would like to apply. Please see *Section C: Application Process for SFDP* below for next steps.

2. Existing Patients

- a. Prior to each appointment, a Member Services PSR verifies whether an existing patient has healthcare coverage by checking Medi-Cal, Medicaid, and healthcare portals. The PSR records or updates, as appropriate, this information in OCHIN.
- b. During check in for each appointment, the registration PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records it in OCHIN.
  - i. If a change to an existing patient's income, family size, and/or residency makes them eligible for the SFDP, the registration PSR explains the program to the patient, provides them with the SCHC Sliding Fee Information Sheet (see *Attachment C*), and asks if the patient would like to apply. Please see *Section C: Application Process for SFDP* below for next steps.
  - ii. If a change to an existing patient's income, family size, and/or residency changes the SFDP Tier for which the patient is eligible or makes them ineligible for the SFDP, the PSR explains this fact to the patient and SCHC will bill (using the new status) for services provided after this assessment.

**B. Assisting Patients to Apply for SFDP**

1. When a patient indicates interest in applying for the SFDP, the PSR asks the patient to complete the Sliding Fee Application (see *Attachment D*) and refers the patient to Member Services for assistance in completing the application and identifying appropriate documentation.
2. The Member Services PSR meets with the patient (by phone or in person) to explain the type of documentation required to show their income, family size, and residency in Sacramento County (see table on the next page).

<b>Income</b>	
Income includes:	Verification (one of the following):
Wages before deductions (federal gross income)	<ul style="list-style-type: none"> <li>• Paycheck stub (most recent pay period)</li> <li>• Current tax return (required if self-employed)</li> <li>• Letter from employer on letterhead</li> <li>• Affiliated agency income verification documentation</li> </ul>
Other income such as pension, retirement, social security, worker's compensation, unemployment, public assistance, alimony, etc.	<ul style="list-style-type: none"> <li>• Award letter</li> <li>• Paycheck stub</li> </ul>
If no income	<ul style="list-style-type: none"> <li>• Self-Attestation of Income form</li> </ul>
<b>Family Size</b>	
Family: those members supported by the reported income—typically the individuals reported on the federal tax return	Patient attestations are used for verification.
People to include in family size:	<ul style="list-style-type: none"> <li>• The applicant</li> <li>• Applicant's spouse or registered domestic partner</li> <li>• Applicant's children</li> <li>• Any individuals related to and living with the applicant counted as dependents</li> <li>• Any individuals not related to but living with the applicant counted as dependents</li> </ul>
People <u>not</u> to include:	<ul style="list-style-type: none"> <li>• Individuals who do not live with the applicant, unless economically dependent on the applicant</li> <li>• Individuals who are temporarily living with the applicant</li> <li>• Roommates/housemates living with applicant who reside in group quarters or housing</li> </ul>
<b>County Residency</b>	
Residency is defined as living in Sacramento County, or intent to live in Sacramento County.	Verification is local utility bill such as PG&E or a rental agreement with the head of household's name and an address within Sacramento County.

3. Patients who refuse to complete the SFDP application or to provide required documentation are not granted a sliding fee discount and will be assessed full charges for the services (or portion for which they are financially responsible under any health care coverage).
4. If a patient learns about the SFDP just before a scheduled visit, the PSR informs them that SCHC will provide presumptive SFDP eligibility for the visit, but must bring in the required documentation before their next visit. Patients who fail to provide required

documentation are not granted the SFD and will retroactively be billed full price for the visit with presumptive eligibility.

5. The Registration PSR scans all documentation provided into the FDS Consent to Bill module in the patient's OCHIN chart. The patient is eligible for a SFD when all documentation is received and FPL criteria for a discount are met.
6. Using the attached sliding fee schedule (see *Attachment A*), the Member Services PSR determines the specific amount of discount for which the patient is eligible.
7. While a patient is awaiting their determination of eligibility from Medi-Cal, Medicare, or Healthy Partners, they will be offered a SFD for services based on their self-reported income, if all other required documentation is provided. If health care coverage is subsequently retroactively granted, SCHC will refund any SFD payments accepted.
8. Patients with verified eligibility for SFDP receive 12 months of SFD for health care services within SCHC's scope of services.
9. Patients granted SFDP enrollment are notified of their responsibility to inform SCHC of any change in income, family size, or residency during this 12-month period.

### **C. Billing for SFDP**

For the purposes of determining the amount owed by a patient under the SFDP, each visit to SCHC is considered to be separate regardless of the day of service. For example, if a patient has a primary care visit at SCHC on the same day that they receive x-ray services and see the cardiologist at SCHC, each is considered a separate visit and the appropriate SFD (if any) will be applied to each visit separately. Visits to external providers (including Quest Laboratory) contracted by and/or paid by SCHC are also considered separate visits.

SCHC does not collect payment at the time of visit (see *Clinic Services Policy 11-02 Billing and Collections*). Patients are informed that they are expected to pay and will receive a bill. Discounts for each tier of the SFDP and the nominal charge are published in tables easily accessible by patients (see *Attachment A: SCHC Sliding Fee Tables*). As detailed in *Clinic Services Policy 11-02 Billing and Collections*, SCHC leadership may grant a waiver of charges accrued by a participant in the SFDP due to economic hardship.

### **D. Reviewing Continued Eligibility for SFDP**

Patients are required to be re-qualified for the SFDP annually by providing new/updated documentation of income, family size, and residency. Prior to each visit, a Member Services PSR checks whether existing patients are enrolled in the SFDP. If they are, the PSR checks the annual review date. If that review date is within 6 weeks of the appointment date, the PSR informs the patient and requests the patient bring updated documentation of income, family size and residency.

### **E. Monitoring Adherence to SFDP policies**

1. Each month, the Clerical Supervisor examines data to monitor adherence to this SFDP policy and procedure, including reviewing:
  - a. 10% of the charts of patients flagged for eligibility for SFD by OCHIN to determine if the appropriate SFD was offered to the patient; and
  - b. 10% of current SFDP patient charts per month to ensure that required documentation was obtained and scanned and that patients' status was reviewed annually.
2. If they find deviations from this policy and procedure, the Clerical Supervisor or designee



- a. Reviews the error and proper procedure with the staff member who made each error. Repeated errors may result in disciplinary action.
  - b. If a pattern of errors is found for multiple individuals, all PSRs are retrained on the policy and procedure.
3. The Clerical Supervisor or designee reports on the findings of the compliance monitoring monthly at the Compliance Team meeting. Findings of systemic deviations may also result in a quality improvement project being implemented and overseen by the Quality Improvement Committee.

#### **F. Evaluating Effect of the SFDP on Patient Usage of Health Services**

At least once every three years, SCHC evaluates its SFDP by:

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, and those at or below 100% of the FPL, are accessing services;
2. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its SFDP in reducing financial barriers to care; and
3. Identifying and implementing changes as needed.

#### **References:**

[HRSA Compliance Manual, Chapter 9: Sliding Fee Discount Program](#)  
[PP-CS-11-02 Billing and Collections](#)  
[PP-CS-01-01 Quality Improvement](#)


#### **Attachments:**

Attachment A: [SCHC Sliding Fee Tables](#)  
Attachment B: SCHC Scope of Services  
Attachment C: [Sliding Fee Information Sheet](#)  
Attachment D: [SCHC Sliding Fee Application](#)  
Attachment E: [Self-Attestation of Income Form](#)

#### **Contact:**

John Dizon, Senior Administrative Analyst (for Policy questions)  
Clerical Supervisor (for Procedure questions)

**Approval by the Co-Applicant Board: 09/09/2022**

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Primary Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>Clinic Services</b>
	Policy Number	<b>11-01</b>
	Effective Date	<b>02-01-12</b>
	Revision Date	<b>09-05-2022</b>
Title: <b>Sliding Fee Discount</b>		Functional Area: <b>Fiscal Services</b>
Approved By: Andrew Mendonsa, Division Manager		

**Policy:**

**A. Background and Purpose**

The Health Resources and Services Administration (HRSA) has designated the Sacramento County Health Center (SCHC) as a Federally Qualified Health Center (FQHC). As an FQHC, the SCHC is required to abide by regulations regarding service provision to low income patients. Section 330 of the Public Health Service Act contains these regulations.

The purpose of this policy is to ensure that no patient is denied health care services due to inability to pay for such services and to ensure that any fees or payments charged by the SCHC for such services will be reduced or waived if a patient is eligible for the Sliding Fee Discount Program (SFDP), as outlined by HRSA.

**B. Definitions**

Sliding Fee Discount Program (SFDP): A set of tiered discounts based on the Federal Poverty Level Guidelines for HRSA-required and additional services:

- Applicable to all individuals and families with annual income at or below 200 percent of the Federal Poverty Level (FPL) Guidelines;
- Providing a full discount for individuals or families with annual incomes at or below 100 percent of the FPG;
- Providing an adjustment of fees based on family size and income for individuals and families with income above 100 and at or below 200 percent of the FPG; and
- Providing no sliding fee discounts for individuals and families with annual income above 200 percent of the FPG.

See *Attachment A: SCHC Sliding Fee Tables* for the most current SFDP tiers and nominal charges per service category.

Federal Poverty Level (FPL): The annual income level below which a person (or family) is considered to be living in poverty, depending on family size, that is set in January each year by US Department of Health and Human Services and published in the Federal Register (see <https://aspe.hhs.gov/poverty-guidelines>). The SCHC sliding fee discount program is based on current FPL levels and is updated annually.

Family: For the purposes of assessing the federal poverty level, a “family” consists of those members supported by the reported income—typically the individuals reported on the federal tax return.

HRSA Required and Additional Services: The set of services that any FQHC is required to provide (directly or indirectly by agreement with another provider) to patients under federal regulations and additional services that an FQHC adds to its official scope of work with

approval by HRSA. See *Attachment B: SCHC Scope of Services* for the most current list of services covered by the SFDP.

Nominal Charge: A small, flat fee that is “nominal” from the patient’s perspective and is unrelated to the actual cost of the service provided. The purpose of the charge is to enhance the perceived value of health care services received without creating an economic barrier to receiving care.

### **C. Applicability of the Sliding Fee Discount Program (SFDP)**

Sacramento County Health Center (SCHC) maintains a standard set of procedures for its SFDP. These procedures apply to all patients regardless of health coverage or immigration status. Sliding fee discounts (SFDs) are available to patients with income at or below 200% of the FPL. Patients living below 100% of the FPL are assessed a nominal charge per visit as allowed by HRSA and approved by the Co-Applicant Board (see *Attachment A: SCHC Sliding Fee Tables*).

SFDP apply to HRSA’s required and additional services for SCHC, which constitute all services within SCHC’s Scope of Services and all HRSA required services provided by non-SCHC providers through an agreement between SCHC and another party. *Attachment B: SCHC Scope of Services* contains the list of services for which patients may be eligible to receive a sliding fee discount. The SFDP does not cover visits outside of SCHC’s Scope of Services (i.e. other than the HRSA required and additional services). For example, if a patient covered by a Managed Medi-Cal plan is approved by that health plan for cosmetic plastic surgery (which is outside of SCHC’s Scope of Services) but is subject to a co-pay for that service, the patient may not receive a SFD from SCHC for that co-pay.

Any patient seeking a HRSA required or additional service from SCHC who meets SFDP eligibility requirements may receive a SFD. For such patients with health insurance, the SFDPs apply to non-covered services, co-payments, deductibles, and coinsurance. Patients with coverage that cannot be used to pay for services at SCHC (i.e. 3<sup>rd</sup> party pay or self-pay patients) are also covered by the SFDP.

### **D. Establishing and Reviewing the Sliding Fee Schedule and Nominal Charge**

The SFD Schedule and any nominal charge are set annually after Congress publishes the federal poverty guidelines in the federal register (typically in January). Staff reviews discounts offered by similar entities (e.g. FQHCs, Community Health Centers) in the area and takes costs into account. Staff also reviews the nominal charge for continued appropriateness, comparing fees charged by similar entities in the area. SCHC leadership may engage a consultant to assist with this review. Staff may recommend no change or propose a modification to the discount schedule to the SCHC Co-Applicant Board (CAB). Recommendations are presented to the CAB for review and approval no later than the April meeting each year, except under extraordinary circumstances.

### **Procedures:**

Sacramento County Health Center personnel and contractors follow a standard set of procedures for

- Informing patients about the SFDP;
- Assessing patients’ eligibility for the SFDP;
- Assisting patients to apply for the SFDP and verifying application documentation;
- Providing and billing for services at discounted prices for those in the SFDP;
- Reviewing SFDP patients’ continued SFDP eligibility at least annually; and

- Monitoring and evaluating the impact of the SFDP.

#### **A. Communication about the SFDP to Patients**

Signage posted throughout the primary care sites and on the SCHC's website informs patients of the SFDP. In addition, the new patient packet contains information on the SFDP, including eligibility requirements and the process to apply. Finally, information about the SFDP is communicated to patients when staff conducts new patient outreach, schedules a new patient appointment, or when revised income or family size information provided by an existing patient alters eligibility.

#### **Assessing Patients' Eligibility for SFDP**

##### **1. New Patients**

- a. Upon enrollment with SCHC, a Patient Service Representative (PSR) determines whether a patient has healthcare coverage by checking Medi-Cal, Medicare, and healthcare portals. This information is recorded, or updated if necessary, in the Electronic Medical Record (EMR) system—OCHIN EPIC ("OCHIN").

- i. Patients without health care coverage are encouraged, but not required, to apply for coverage, because it is a valuable asset that can improve a patient's health trajectory and assist them to establish and maintain a medical home.

- 1) The PSR informs the patient about possible sources of health coverage, including

- a) Medi-Cal;
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- 2) The PSR asks the patient if they would like a referral to a health care navigator to assist them in understanding what coverage options may be available as well as assistance with insurance enrollment. If the patient agrees, the PSR will refer the patient to either Member Services (for Sacramento County's Healthy Partners) or Sacramento Covered (for the other programs).

##### **ii. Patients with health care coverage**

- 1) If the patient's health care coverage is not accepted for payment by SCHC (i.e. is provided by an organization with which SCHC does not have a contract, agreement or other arrangement to provide payment)
  - a. The PSR informs the patient of this fact and offers the patient assistance to identify their assigned medical home or to identify a provider that may accept the coverage.

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- b. Prior to enrollment, the PSR asks the patient to provide their family (see *Definitions* section) income and family size (among other demographic information) and records this information in OCHIN. OCHIN calculates the FPL automatically and flags the eligibility of the patient for the SFDP.
- c. If the patient is eligible for the SFDP, the PSR explains the program to the patient and asks if the patient would like to apply. Please see *Section C: Application Process for SFDP* below for next steps.

## 2. Existing Patients

- a. Prior to each appointment, a Member Services PSR verifies whether an existing patient has healthcare coverage by checking Medi-Cal, Medicaid, and healthcare portals. The PSR records or updates, as appropriate, this information in OCHIN.
- b. During check in for each appointment, the registration PSR obtains (or updates) the patient's income, family size and residential address (among other demographics) and records it in OCHIN.
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## **B. Assisting Patients to Apply for SFDP**

1. When a patient indicates interest in applying for the SFDP, the PSR asks the patient to complete the Sliding Fee Application (see *Attachment D*) and refers the patient to Member Services for assistance in completing the application and identifying appropriate documentation.
2. The Member Services PSR meets with the patient (by phone or in person) to explain the type of documentation required to show their income, family size, and residency in Sacramento County (see table on the next page).

<b>Income</b>	
Income includes:	Verification (one of the following):
Wages before deductions (federal gross income)	<ul style="list-style-type: none"> <li>• Paycheck stub (most recent pay period)</li> <li>• Current tax return (required if self-employed)</li> <li>• Letter from employer on letterhead</li> <li>• Affiliated agency income verification documentation</li> </ul>
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<b>Family Size</b>	
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People to include in family size:	<ul style="list-style-type: none"> <li>• The applicant</li> <li>• Applicant's spouse or registered domestic partner</li> <li>• Applicant's children</li> <li>• Any individuals related to and living with the applicant counted as dependents</li> <li>• Any individuals not related to but living with the applicant counted as dependents</li> </ul>
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<b>County Residency</b>	
Residency is defined as living in Sacramento County, or intent to live in Sacramento County.	Verification is local utility bill such as PG&E or a rental agreement with the head of household's name and an address within Sacramento County.

3. Patients who refuse to complete the SFDP application or to provide required documentation are not granted a sliding fee discount and will be assessed full charges for the services (or portion for which they are financially responsible under any health care coverage).
4. If a patient learns about the SFDP just before a scheduled visit, the PSR informs them that SCHC will provide presumptive SFDP eligibility for the visit, but must bring in the required documentation before their next visit. Patients who fail to provide required

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5. The Registration PSR scans all documentation provided into the FDS Consent to Bill module in the patient's OCHIN chart. The patient is eligible for a SFD when all documentation is received and FPL criteria for a discount are met.
6. Using the attached sliding fee schedule (see *Attachment A*), the Member Services PSR determines the specific amount of discount for which the patient is eligible.
7. While a patient is awaiting their determination of eligibility from Medi-Cal, Medicare, or Healthy Partners, they will be offered a SFD for services based on their self-reported income, if all other required documentation is provided. If health care coverage is subsequently retroactively granted, SCHC will refund any SFD payments accepted.
8. Patients with verified eligibility for SFDP receive 12 months of SFD for health care services within SCHC's scope of services.
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### **D. Reviewing Continued Eligibility for SFDP**

Patients are required to be re-qualified for the SFDP annually by providing new/updated documentation of income, family size, and residency. Prior to each visit, a Member Services PSR checks whether existing patients are enrolled in the SFDP. If they are, the PSR checks the annual review date. If that review date is within 6 weeks of the appointment date, the PSR informs the patient and requests the patient bring updated documentation of income, family size and residency.

### **E. Monitoring Adherence to SFDP policies**

1. Each month, the Clerical Supervisor examines data to monitor adherence to this SFDP policy and procedure, including reviewing:
  - a. 10% of the charts of patients flagged for eligibility for SFD by OCHIN to determine if the appropriate SFD was offered to the patient; and
  - b. 10% of current SFDP patient charts per month to ensure that required documentation was obtained and scanned and that patients' status was reviewed annually.
2. If they find deviations from this policy and procedure, the Clerical Supervisor or designee

- a. Reviews the error and proper procedure with the staff member who made each error. Repeated errors may result in disciplinary action.
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#### **F. Evaluating Effect of the SFDP on Patient Usage of Health Services**

At least once every three years, SCHC evaluates its SFDP by:

1. Collecting utilization data that allows assessment of the rate at which patients within each of its discount pay tiers, and those at or below 100% of the FPL, are accessing services;
2. Utilizing this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its SFDP in reducing financial barriers to care; and
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#### **References:**

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[PP-CS-11-02 Billing and Collections](#)  
[PP-CS-01-01 Quality Improvement](#)

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#### **Contact:**

John Dizon, Senior Administrative Analyst (for Policy questions)  
Clerical Supervisor (for Procedure questions)

**Approval by the Co-Applicant Board: 09/09/2022**





Sacramento County Health Center

# **Attachment A: Sliding Fee Discount Schedule Tables 2022**



**2022 Schedule of Sliding Fee Discounts Based on Income and Family Size for  
Preventive Dental Care**

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤\$13,590	\$13,591 – \$18,754	\$18,755 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	≥\$27,181
2	≤\$18,310	\$18,311 – \$25,268	\$25,269 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	≥\$36,621
3	≤\$23,030	\$23,031 – \$31,781	\$31,782 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	≥\$46,061
4	≤\$27,750	\$27,751 – \$38,295	\$38,296 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	≥\$55,501
5	≤\$32,470	\$32,471 – \$44,809	\$44,810 – \$48,705	\$48,706 – \$56,823	\$56,824 – \$64,940	≥\$64,941
6	≤\$37,190	\$37,191 – \$51,322	\$51,323 – \$55,785	\$55,786 – \$65,083	\$65,084 – \$74,380	≥\$74,381
7	≤\$41,910	\$41,911 – \$57,836	\$57,837 – \$62,865	\$62,866 – \$73,343	\$73,344 – \$83,820	≥\$83,821
8	≤\$46,630	\$46,631 – \$64,349	\$64,350 – \$69,945	\$69,946 – \$81,603	\$81,604 – \$93,260	≥\$93,261
9	≤\$51,350	\$51,351 – \$70,863	\$70,864 – \$77,025	\$77,026 – \$89,863	\$89,864 – \$102,700	≥\$102,701
10	≤\$56,070	\$56,071 – \$77,377	\$77,278 – \$84,105	\$84,106 – \$98,123	\$98,124 – \$112,140	≥\$112,141
11	≤\$60,790	\$60,791 – \$83,980	\$83,981 – \$91,185	\$91,186 – \$106,383	\$106,384 – \$121,580	≥\$121,581
12	≤\$65,510	\$65,511 – \$90,404	\$90,405 – \$98,265	\$98,266 – \$114,643	\$114,644 – \$131,020	≥\$131,021
13	≤\$70,230	\$70,231 – \$96,917	\$96,918 – \$105,345	\$105,346 – \$122,903	\$122,904 – \$140,460	≥\$140,461
14	≤\$74,950	\$74,951 – \$103,431	\$103,432 – \$112,425	\$112,426 – \$131,163	\$131,164 – \$149,900	≥\$149,901
<b>Fee/Discount*</b>	<b>\$20</b>	<b>75% discount</b>	<b>65% discount</b>	<b>55% discount</b>	<b>45% discount</b>	<b>NO DISCOUNT</b>

\*Per visit



**2022 Schedule of Sliding Fee Discounts Based on Income and Family Size for  
Diagnostic Laboratory Services (through Quest Diagnostics)**

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤\$13,590	\$13,591 – \$18,754	\$18,755 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	≥\$27,181
2	≤\$18,310	\$18,311 – \$25,268	\$25,269 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	≥\$36,621
3	≤\$23,030	\$23,031 – \$31,781	\$31,782 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	≥\$46,061
4	≤\$27,750	\$27,751 – \$38,295	\$38,296 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	≥\$55,501
5	≤\$32,470	\$32,471 – \$44,809	\$44,810 – \$48,705	\$48,706 – \$56,823	\$56,824 – \$64,940	≥\$64,941
6	≤\$37,190	\$37,191 – \$51,322	\$51,323 – \$55,785	\$55,786 – \$65,083	\$65,084 – \$74,380	≥\$74,381
7	≤\$41,910	\$41,911 – \$57,836	\$57,837 – \$62,865	\$62,866 – \$73,343	\$73,344 – \$83,820	≥\$83,821
8	≤\$46,630	\$46,631 – \$64,349	\$64,350 – \$69,945	\$69,946 – \$81,603	\$81,604 – \$93,260	≥\$93,261
9	≤\$51,350	\$51,351 – \$70,863	\$70,864 – \$77,025	\$77,026 – \$89,863	\$89,864 – \$102,700	≥\$102,701
10	≤\$56,070	\$56,071 – \$77,377	\$77,278 – \$84,105	\$84,106 – \$98,123	\$98,124 – \$112,140	≥\$112,141
11	≤\$60,790	\$60,791 – \$83,980	\$83,981 – \$91,185	\$91,186 – \$106,383	\$106,384 – \$121,580	≥\$121,581
12	≤\$65,510	\$65,511 – \$90,404	\$90,405 – \$98,265	\$98,266 – \$114,643	\$114,644 – \$131,020	≥\$131,021
13	≤\$70,230	\$70,231 – \$96,917	\$96,918 – \$105,345	\$105,346 – \$122,903	\$122,904 – \$140,460	≥\$140,461
14	≤\$74,950	\$74,951 – \$103,431	\$103,432 – \$112,425	\$112,426 – \$131,163	\$131,164 – \$149,900	≥\$149,901
<b>Fee/Discount*</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>NO DISCOUNT</b>

\*Per test/service



**2022 Schedule of Sliding Fee Discounts Based on Income and Family Size for  
All Other In-Scope SCHC Services (per visit)**

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤\$13,590	\$13,591 – \$18,754	\$18,755 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	≥\$27,181
2	≤\$18,310	\$18,311 – \$25,268	\$25,269 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	≥\$36,621
3	≤\$23,030	\$23,031 – \$31,781	\$31,782 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	≥\$46,061
4	≤\$27,750	\$27,751 – \$38,295	\$38,296 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	≥\$55,501
5	≤\$32,470	\$32,471 – \$44,809	\$44,810 – \$48,705	\$48,706 – \$56,823	\$56,824 – \$64,940	≥\$64,941
6	≤\$37,190	\$37,191 – \$51,322	\$51,323 – \$55,785	\$55,786 – \$65,083	\$65,084 – \$74,380	≥\$74,381
7	≤\$41,910	\$41,911 – \$57,836	\$57,837 – \$62,865	\$62,866 – \$73,343	\$73,344 – \$83,820	≥\$83,821
8	≤\$46,630	\$46,631 – \$64,349	\$64,350 – \$69,945	\$69,946 – \$81,603	\$81,604 – \$93,260	≥\$93,261
9	≤\$51,350	\$51,351 – \$70,863	\$70,864 – \$77,025	\$77,026 – \$89,863	\$89,864 – \$102,700	≥\$102,701
10	≤\$56,070	\$56,071 – \$77,377	\$77,278 – \$84,105	\$84,106 – \$98,123	\$98,124 – \$112,140	≥\$112,141
11	≤\$60,790	\$60,791 – \$83,980	\$83,981 – \$91,185	\$91,186 – \$106,383	\$106,384 – \$121,580	≥\$121,581
12	≤\$65,510	\$65,511 – \$90,404	\$90,405 – \$98,265	\$98,266 – \$114,643	\$114,644 – \$131,020	≥\$131,021
13	≤\$70,230	\$70,231 – \$96,917	\$96,918 – \$105,345	\$105,346 – \$122,903	\$122,904 – \$140,460	≥\$140,461
14	≤\$74,950	\$74,951 – \$103,431	\$103,432 – \$112,425	\$112,426 – \$131,163	\$131,164 – \$149,900	≥\$149,901
<b>Fee*</b>	<b>\$20</b>	<b>\$25</b>	<b>\$35</b>	<b>\$45</b>	<b>\$55</b>	<b>NO DISCOUNT</b>

\*Per visit charge

## **Attachment B: SCHC Scope of Services**

### **HRSA Required Services**

General primary medical care  
Diagnostic laboratory services (*NOTE: SEPARATE SLIDING FEE SCHEDULE*)  
Diagnostic radiology  
Screenings  
Coverage for emergencies during and after hours  
Voluntary family planning  
Immunizations  
Well child services  
Gynecological care  
Obstetrical Care  
    Prenatal care  
    Intrapartum care (labor and delivery)  
    Postpartum care  
Preventive dental services (*NOTE: SEPARATE SLIDING FEE SCHEDULE*)  
Pharmaceutical services  
Substance Use Disorder services  
Case management  
Eligibility assistance  
Health education  
Outreach  
Transportation  
Translation

### **HRSA Additional Services**

Mental health services

### **SCHC Additional Services**

Cardiology  
Neurology

## Sacramento County Health Center Sliding Fee Information Sheet

The health center wants to ensure that all patients get the care they need as quickly as possible. To assist patients who cannot get insurance or other coverage, there is a sliding fee schedule that you may qualify for to reduce the cost of the care you receive here. The following guidelines apply:

- The sliding fee program is based on income and family size.
- Complete the application and re-apply every year or earlier if your income changes.
- You are required to provide documents in order to assess your discount. *See below and application for more information.*

SCHC offers a sliding fee discount that covers preventive dental services received at SCHC or at the Sacramento Native American Health Center. In partnership with Quest, SCHC offers a sliding fee discount that covers diagnostic laboratory services provided by Quest. Finally, SCHC offers a sliding fee discount that covers primary care office visits with the County Health Center providers, visits with cardiology and neurology providers at SCHC's main site on Broadway, and prescriptions filled at the County Pharmacy located at 4600 Broadway. Prescriptions from retail pharmacies are not covered by the SCHC sliding fee discount program; most pharmacies and many pharmaceutical manufacturers have their own discount programs available.

Begin the process by applying for Medi-Cal and other available health coverage programs. If you have already done this, please include a copy of your card with other required materials. If you are told you do not qualify, or only qualify for partial services, bring your letter to us with other required materials.

### Materials to Bring

1. Sliding Fee Application: completed
2. Identification: California Driver License, State of California Identification Card, or Passport
3. Letter from Medi-Cal or Medi-Care: indicating eligibility for public benefits.
4. Proof of Income: most recent pay check stub dated within 60 days of application OR most recent income tax return. Include documentation of any other income such as pension, retirement, social security, public assistance, workers compensation, unemployment, alimony, etc.
5. Proof of Family Size: means a statement of the household living under one roof including spouse, children, and dependent adults. (Birth or Marriage certificates may be requested)
6. Proof of Residence: a utility bill or rental agreement with your name and a local county address

### Application Process

- Bring documents to Suite 2200 at the County Health Center. Staff will review your materials and let you know about your eligibility and fees for services.
- If eligible, your coverage is for a one-year period. You must re-apply immediately if you have a change in income, family size, or residency.

### Frequently Asked Questions

Q: Can I obtain the sliding discount if I do not provide the information requested?

A: *No. This is a voluntary program. You will be responsible for full charges.*

Q: How often do I need to apply?

A: *Every year, OR you must reapply immediately if you have a change in income, residency, or family size.*

Q: Who is considered a member of the household residence?

A: *A person who you claim as a taxable dependent or can claim you as a taxable dependent.*



SACRAMENTO COUNTY HEALTH CENTER

**SLIDING FEE SCALE APPLICATION**

<b>Patient Information</b>		<b>Today's Date:</b> /     /			
First Name:		Middle:		Other names:	
Home Address:			City:		State:     Zip:
Mailing Address:			City:		State:     Zip:
Home Phone #:				Mobile Phone #:	
Date of Birth:		Social Security #:			Do you have Health Insurance?
Marital Status:	Single	In a relationship	Married	Divorced	Separated     Widowed

<b>Family Size</b>		
Name	Date of Birth	Social Security Number

<b>Family Income</b>			
Name	Amount	Frequency (circle one):	Employer:
You	\$	Weekly    Monthly    Yearly	
Partner	\$	Weekly    Monthly    Yearly	
Child	\$	Weekly    Monthly    Yearly	
Child	\$	Weekly    Monthly    Yearly	
Other	\$	Weekly    Monthly    Yearly	
Total	\$	Weekly    Monthly    Yearly	

<b>Other Income</b>						Subtotal
Other Income	You:	Spouse/Partner	Child	Child	Other	
Social Security						
Retirement Pension						
Child Support						
Alimony						
Other						
					<b>Total</b>	\$



**2022 Schedule of Sliding Fee Discounts Based on Income and Family Size for  
Preventive Dental Care**

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤\$13,590	\$13,591 – \$18,754	\$18,755 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	≥\$27,181
2	≤\$18,310	\$18,311 – \$25,268	\$25,269 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	≥\$36,621
3	≤\$23,030	\$23,031 – \$31,781	\$31,782 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	≥\$46,061
4	≤\$27,750	\$27,751 – \$38,295	\$38,296 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	≥\$55,501
5	≤\$32,470	\$32,471 – \$44,809	\$44,810 – \$48,705	\$48,706 – \$56,823	\$56,824 – \$64,940	≥\$64,941
6	≤\$37,190	\$37,191 – \$51,322	\$51,323 – \$55,785	\$55,786 – \$65,083	\$65,084 – \$74,380	≥\$74,381
7	≤\$41,910	\$41,911 – \$57,836	\$57,837 – \$62,865	\$62,866 – \$73,343	\$73,344 – \$83,820	≥\$83,821
8	≤\$46,630	\$46,631 – \$64,349	\$64,350 – \$69,945	\$69,946 – \$81,603	\$81,604 – \$93,260	≥\$93,261
9	≤\$51,350	\$51,351 – \$70,863	\$70,864 – \$77,025	\$77,026 – \$89,863	\$89,864 – \$102,700	≥\$102,701
10	≤\$56,070	\$56,071 – \$77,377	\$77,278 – \$84,105	\$84,106 – \$98,123	\$98,124 – \$112,140	≥\$112,141
11	≤\$60,790	\$60,791 – \$83,980	\$83,981 – \$91,185	\$91,186 – \$106,383	\$106,384 – \$121,580	≥\$121,581
12	≤\$65,510	\$65,511 – \$90,404	\$90,405 – \$98,265	\$98,266 – \$114,643	\$114,644 – \$131,020	≥\$131,021
13	≤\$70,230	\$70,231 – \$96,917	\$96,918 – \$105,345	\$105,346 – \$122,903	\$122,904 – \$140,460	≥\$140,461
14	≤\$74,950	\$74,951 – \$103,431	\$103,432 – \$112,425	\$112,426 – \$131,163	\$131,164 – \$149,900	≥\$149,901
<b>Fee/Discount*</b>	<b>\$25</b>	<b>75% discount</b>	<b>65% discount</b>	<b>55% discount</b>	<b>45% discount</b>	<b>NO DISCOUNT</b>

\*Per visit





**2022 Schedule of Sliding Fee Discounts Based on Income and Family Size for Diagnostic Laboratory Services (through Quest Diagnostics)**

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤\$13,590	\$13,591 – \$18,754	\$18,755 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	≥\$27,181
2	≤\$18,310	\$18,311 – \$25,268	\$25,269 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	≥\$36,621
3	≤\$23,030	\$23,031 – \$31,781	\$31,782 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	≥\$46,061
4	≤\$27,750	\$27,751 – \$38,295	\$38,296 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	≥\$55,501
5	≤\$32,470	\$32,471 – \$44,809	\$44,810 – \$48,705	\$48,706 – \$56,823	\$56,824 – \$64,940	≥\$64,941
6	≤\$37,190	\$37,191 – \$51,322	\$51,323 – \$55,785	\$55,786 – \$65,083	\$65,084 – \$74,380	≥\$74,381
7	≤\$41,910	\$41,911 – \$57,836	\$57,837 – \$62,865	\$62,866 – \$73,343	\$73,344 – \$83,820	≥\$83,821
8	≤\$46,630	\$46,631 – \$64,349	\$64,350 – \$69,945	\$69,946 – \$81,603	\$81,604 – \$93,260	≥\$93,261
9	≤\$51,350	\$51,351 – \$70,863	\$70,864 – \$77,025	\$77,026 – \$89,863	\$89,864 – \$102,700	≥\$102,701
10	≤\$56,070	\$56,071 – \$77,377	\$77,278 – \$84,105	\$84,106 – \$98,123	\$98,124 – \$112,140	≥\$112,141
11	≤\$60,790	\$60,791 – \$83,980	\$83,981 – \$91,185	\$91,186 – \$106,383	\$106,384 – \$121,580	≥\$121,581
12	≤\$65,510	\$65,511 – \$90,404	\$90,405 – \$98,265	\$98,266 – \$114,643	\$114,644 – \$131,020	≥\$131,021
13	≤\$70,230	\$70,231 – \$96,917	\$96,918 – \$105,345	\$105,346 – \$122,903	\$122,904 – \$140,460	≥\$140,461
14	≤\$74,950	\$74,951 – \$103,431	\$103,432 – \$112,425	\$112,426 – \$131,163	\$131,164 – \$149,900	≥\$149,901
<b>Fee/Discount*</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>NO DISCOUNT</b>

\*Per test/service



**2022 Schedule of Sliding Fee Discounts Based on Income and Family Size for  
All Other In-Scope SCHC Services (per visit)**

Persons in Family	Nominal Fee	Tier A	Tier B	Tier C	Tier D	Full Price
	≤100%	>100% and ≤138%	>138% and ≤150%	>150% and ≤175%	>175% and ≤200%	>200%
1	≤\$13,590	\$13,591 – \$18,754	\$18,755 – \$20,385	\$20,386 – \$23,783	\$23,784 – \$27,180	≥\$27,181
2	≤\$18,310	\$18,311 – \$25,268	\$25,269 – \$27,465	\$27,466 – \$32,043	\$32,044 – \$36,620	≥\$36,621
3	≤\$23,030	\$23,031 – \$31,781	\$31,782 – \$34,545	\$34,546 – \$40,303	\$40,304 – \$46,060	≥\$46,061
4	≤\$27,750	\$27,751 – \$38,295	\$38,296 – \$41,625	\$41,626 – \$48,563	\$48,564 – \$55,500	≥\$55,501
5	≤\$32,470	\$32,471 – \$44,809	\$44,810 – \$48,705	\$48,706 – \$56,823	\$56,824 – \$64,940	≥\$64,941
6	≤\$37,190	\$37,191 – \$51,322	\$51,323 – \$55,785	\$55,786 – \$65,083	\$65,084 – \$74,380	≥\$74,381
7	≤\$41,910	\$41,911 – \$57,836	\$57,837 – \$62,865	\$62,866 – \$73,343	\$73,344 – \$83,820	≥\$83,821
8	≤\$46,630	\$46,631 – \$64,349	\$64,350 – \$69,945	\$69,946 – \$81,603	\$81,604 – \$93,260	≥\$93,261
9	≤\$51,350	\$51,351 – \$70,863	\$70,864 – \$77,025	\$77,026 – \$89,863	\$89,864 – \$102,700	≥\$102,701
10	≤\$56,070	\$56,071 – \$77,377	\$77,278 – \$84,105	\$84,106 – \$98,123	\$98,124 – \$112,140	≥\$112,141
11	≤\$60,790	\$60,791 – \$83,980	\$83,981 – \$91,185	\$91,186 – \$106,383	\$106,384 – \$121,580	≥\$121,581
12	≤\$65,510	\$65,511 – \$90,404	\$90,405 – \$98,265	\$98,266 – \$114,643	\$114,644 – \$131,020	≥\$131,021
13	≤\$70,230	\$70,231 – \$96,917	\$96,918 – \$105,345	\$105,346 – \$122,903	\$122,904 – \$140,460	≥\$140,461
14	≤\$74,950	\$74,951 – \$103,431	\$103,432 – \$112,425	\$112,426 – \$131,163	\$131,164 – \$149,900	≥\$149,901
<b>Fee*</b>	<b>\$20</b>	<b>\$25</b>	<b>\$35</b>	<b>\$45</b>	<b>\$55</b>	<b>NO DISCOUNT</b>

\*Per visit charge

**Section to be completed by Primary Health Center Staff:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

<b>Verification Checklist</b>	Yes	No
Attach copies of each item checked below		
<b>*Identification/Address (Submit one of the following):</b> <ul style="list-style-type: none"> <li>• Driver's license, or</li> <li>• Birth certificate, or</li> <li>• Social Security Card, or</li> <li>• Other: _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>*Income (Submit one of the following):</b> <ul style="list-style-type: none"> <li>• Prior year tax return (required if self-employed), or</li> <li>• Single most recent pay stub, or</li> <li>• W-2 or 1099, Form 4506-T, or</li> <li>• Other: _____</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Insurance (if applicable):</b> <ul style="list-style-type: none"> <li>• Insurance card(s)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medi-Cal (if applicable):</b> <ul style="list-style-type: none"> <li>• Medi-Cal card or evidence of rejection</li> </ul> <p><b><i>You may be eligible for Medicaid benefits. Please let our office staff know and we may be able to help you with this process.</i></b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medicare (if applicable):</b> <ul style="list-style-type: none"> <li>• Medicare card</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

- Client is not eligible for Sliding Fee Discount Program based on income verification provided.
- Client is eligible for sliding fee discount in **Tier:** \_\_\_\_\_ and will be charged \$ \_\_\_\_\_
- Proof of income verified

Verification completed by (print): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section to be completed by Applicant:**

The date the application is submitted will be the date any eligible discounts will apply to your services. In the event an application is submitted without the required documentation, you will be notified and given 14 days from notification to submit the documentation without moving the submission date forward. If you do not submit the required documentation within the required 14-day time period, the application will be denied and you will be required to re-submit the application.

**Please attach at least one item from each applicable section on the previous page to complete your application. Incomplete applications will not be considered for discount**

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee program and will subject me to penalties under Federal Laws, which may include fines and imprisonment. I further agree to inform Sacramento County Health Center if there is a significant change in my income within thirty (30) days. If acceptance to the sliding fee program is obtained under this application, I will comply with all rules and regulations of Innovative Health Care. I understand that the information I have provided is subject to verification by Sacramento County Health Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

I will be billed for the sliding fee payment.

---

Name

---

Signature

---

Date

Dear Patient,

Thank you for your interest in our Patient Financial Assistance Program. So that we can determine your eligibility, please complete the attached application form and return it to the correspondence address listed on your invoice, along with one or more of the required documents listed below:

- A copy of last year's W2 form
- A copy of last year's income tax return
- A copy of your most recent pay stub (s)
- A proof source indicating that you are eligible for local, state, or federal assistance programs.

Once we receive your completed application and documentation, we will determine if you meet the established criteria. Please allow approximately two weeks for your application to be processed. Do not make any payments until you receive notification regarding the status of your request. Applying for acceptance into our Financial Assistance Program does not guarantee reduced charges.

If you have any additional questions or concerns, please do not hesitate to contact us. Thank you for using Quest Diagnostics. We look forward to serving you in the future.

Sincerely,

Patient Billing Customer Service



## Patient Financial Assistance Form

**Patient Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Patient Date of Birth:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Invoice Number(s):** \_\_\_\_\_ **Lab Code:** \_\_\_\_\_

Please complete all information accurately. The signature of the patient or patient's guardian is required.

**Please make sure to attach the required supporting documentation.**

- Does the patient have sufficient resources to pay for the testing and/or the deductible and coinsurance?
  - Yes If answer is "Yes", you are financially responsible for payment.
  - No If answer is "No", complete form below.

- Is any source, other than the patient, legally responsible for the patient's medical bills (e.g., Medicaid, local welfare agency, guardian or other insurance program)?
  - Yes  No If answer is "Yes" list:

**Insurance Company Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Member I.D.:** \_\_\_\_\_  
**Other Source:** \_\_\_\_\_

- Patient/legal guardian's monthly household resources:
 

Salary	\$	
Social Security	\$	
Cash/Welfare Payment	\$	
Family Contribution	\$	
Income from Savings Accounts, CDs, etc.	\$	
Other	\$	
<b>Total \$</b>		

- Number of family members in household: \_\_\_\_\_

**I hereby acknowledge that the above information is true and correct according to the best of my knowledge. I also authorize the release of any and all financial records necessary to verify the above information. I understand that if I do not qualify, I will be notified and Quest Diagnostics will bill me. I hereby acknowledge that I am neither related to nor employed by the physician who ordered the testing.**

Patient Name (Print): \_\_\_\_\_  
 Guardian Name (Print): \_\_\_\_\_  
 Responsible Party Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**For Official Use Only:**

Bill Number	Amount \$	Approved	Denied
Date Received:			
PCS Rep: _____			