

**KIDNEY AND HYPERTENSION CONSULTANTS, INC
SLIDING FEE SCHEDULE APPLICATION**

It is the policy of Kidney and Hypertension Consultants, Inc 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 the front desk to determine if you or any members of your family are eligible for a discount. Please return with the following information needed to verify income:

- * Prior year's tax return
- * Three (3) most recent pay stubs
- * A copy of drivers' license, utility bill or employment ID card

The discount will apply to all services received at this facility, or rendered by any physician of Kidney and Hypertension Consultants, Inc , regardless of location where services are rendered, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 6 months or if your financial situation changes.

NAME OF HEAD OF HOUSEHOLD	PLACE OF EMPLOYMENT
HOME STREET ADDRESS	CITY, STATE & ZIP CODE
PHONE #	EMAIL ADDRESS

NAME	DATE OF BIRTH
SELF:	
SPOUSE:	
DEPENDENT:	
DEPENDENT:	
DEPENDENT:	
DEPENDENT:	

Add additional page for additional dependents.

ANNUAL HOUSEHOLD INCOME REPORT:

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, rent, 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

Patient Name: _____ Acct # _____

Approved Discount: _____ Appved by: _____

Date Approved: _____

VERIFIED RECEIPT OF: ___ Tax Return/Income statement ___ Identification

**KIDNEY AND HYPERTENSION CONSULTANTS, INC
SLIDING FEE SCHEDULE DISCOUNT POLICY**

SUBJECT: Sliding Fee Discount Program

POLICY: To make available discount services 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.

KIDNEY AND HYPERTENSION CONSULTANTS, INC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Kidney and Hypertension Consultants, Inc will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, gender identity, creed, religion, disability or national origin. The Federal Poverty Guidelines 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:** KIDNEY AND HYPERTENSION CONSULTANTS, INC will notify patients of the Sliding Fee Discount Program when contacting patients regarding account balances.
2. 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 services rendered by Kidney and Hypertension Consultants, Inc., regardless of location where services are rendered. Information and forms can be obtained from the Business Office.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Practice Administrator 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 see and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.
6. **Completion of the 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 KIDNEY AND HYPERTENSION CONSULTANTS, INC 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. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

7. **Eligibility:** Discounts will be based on income and family size only. KIDNEY AND HYPERTENSION CONSULTANTS, INC uses the Census Bureau definition of each.

a.) **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.

b.) **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. Noncash benefits (such as food stamps and housing subsidies) **do not** count.

8. **Income verification:** Applicants must provide one of the following: prior year W-2, three most recent pay stubs, letter from employer, or 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. Specific examples include participants who are homeless. 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. This statement will be presented to the KIDNEY AND HYPERTENSION CONSULTANTS, INC Practice Administrator or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% 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.

10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$10.00 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.

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 KIDNEY AND HYPERTENSION CONSULTANTS, INC. Sliding Fee Discount Program applications cover outstanding patient balances for six month prior to application date and any balances incurred within six (6) months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the six (6) 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 and unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligation. 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, KIDNEY AND HYPERTENSION CONSULTANTS, INC can explore options not limited, but including offering the patient a payment plan or referring the patient to an outside collections agency.

13. Record Keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office, in an effort to preserve the dignity of those receiving free or discounted care.

a) Applicants that have been approved for the Sliding Fee Discount Program will be logged in a password protected document on a KIDNEY AND HYPERTENSION CONSULTANTS, INC shared directory, noting names of applicants, account number, dates of coverage and percentage of coverage.

14. Policy and Procedure Review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the Practice Administrator. The SFS will be updated based on the current Federal Poverty Guidelines.

ATTACHMENTS:

2018 Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program

Approved: 11/29/2018

Reviewed by: _____



Anthony J. Degenhard, DO
President
Kidney and Hypertension Consultants, Inc

For Services Rendered at Millersburg Office of Kidney and Hypertension Consultants, Inc

Sliding Fee Schedule (SFS) Maximum Annual Income Amounts for each Sliding Fee Percentage Category
(except for 0% discount)

Poverty Level* Family Size	DISCOUNT											
	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%	
1	\$12,14	\$13,35	\$14,56	\$15,78	\$16,99	\$18,21	\$19,42	\$20,63	\$21,85	\$23,06	\$24,28	\$24,28
	0	4	8	2	6	0	4	8	2	6	0	1
2	\$16,46	\$18,10	\$19,75	\$21,39	\$23,04	\$24,69	\$26,33	\$27,98	\$29,62	\$31,27	\$32,92	\$32,92
	0	6	2	8	4	0	6	2	8	4	0	1
3	\$20,78	\$22,85	\$24,93	\$27,01	\$29,09	\$31,17	\$33,24	\$35,32	\$37,40	\$39,48	\$41,56	\$41,56
	0	8	6	4	2	0	8	6	4	2	0	1
4	\$25,10	\$27,61	\$30,12	\$32,63	\$35,14	\$37,65	\$40,16	\$42,67	\$45,18	\$47,69	\$50,20	\$50,20
	0	0	0	0	0	0	0	0	0	0	0	1
5	\$29,42	\$32,36	\$35,30	\$38,24	\$41,18	\$44,13	\$47,07	\$50,01	\$52,95	\$55,89	\$58,84	\$58,84
	0	2	4	6	8	0	2	4	6	8	0	1
6	\$33,74	\$37,11	\$40,48	\$43,86	\$47,23	\$50,61	\$53,98	\$57,35	\$60,73	\$64,10	\$67,48	\$67,48
	0	4	8	2	6	0	4	8	2	6	0	1
7	\$38,06	\$41,86	\$45,67	\$49,47	\$53,28	\$57,09	\$60,89	\$64,70	\$68,50	\$72,31	\$76,12	\$76,12
	0	6	2	8	4	0	6	2	8	4	0	1
8	\$42,38	\$46,61	\$50,85	\$55,09	\$59,33	\$63,57	\$67,80	\$72,04	\$76,28	\$80,52	\$84,76	\$84,76
	0	8	6	4	2	0	8	6	4	2	0	1
For each additional person, add	\$4,320	\$4,752	\$5,184	\$5,616	\$6,048	\$6,480	\$6,912	\$7,344	\$7,776	\$8,208	\$8,640	\$8,640

For Services Rendered at Millersburg Davita

Sliding Fee Schedule (SFS) Maximum Annual Income Amounts for each Sliding Fee Percentage Category

(except for 0% discount)

Poverty Level* Family Size	DISCOUNT											
	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%	
1	\$12,14 0	\$13,35 4	\$14,56 8	\$15,78 2	\$16,99 6	\$18,21 0	\$19,42 4	\$20,63 8	\$21,85 2	\$23,06 6	\$24,28 0	\$24,28 1
2	\$16,46 0	\$18,10 6	\$19,75 2	\$21,39 8	\$23,04 4	\$24,69 0	\$26,33 6	\$27,98 2	\$29,62 8	\$31,27 4	\$32,92 0	\$32,92 1
3	\$20,78 0	\$22,85 8	\$24,93 6	\$27,01 4	\$29,09 2	\$31,17 0	\$33,24 8	\$35,32 6	\$37,40 4	\$39,48 2	\$41,56 0	\$41,56 1
4	\$25,10 0	\$27,61 0	\$30,12 0	\$32,63 0	\$35,14 0	\$37,65 0	\$40,16 0	\$42,67 0	\$45,18 0	\$47,69 0	\$50,20 0	\$50,20 1
5	\$29,42 0	\$32,36 2	\$35,30 4	\$38,24 6	\$41,18 8	\$44,13 0	\$47,07 2	\$50,01 4	\$52,95 6	\$55,89 8	\$58,84 0	\$58,84 1
6	\$33,74 0	\$37,11 4	\$40,48 8	\$43,86 2	\$47,23 6	\$50,61 0	\$53,98 4	\$57,35 8	\$60,73 2	\$64,10 6	\$67,48 0	\$67,48 1
7	\$38,06 0	\$41,86 6	\$45,67 2	\$49,47 8	\$53,28 4	\$57,09 0	\$60,89 6	\$64,70 2	\$68,50 8	\$72,31 4	\$76,12 0	\$76,12 1
8	\$42,38 0	\$46,61 8	\$50,85 6	\$55,09 4	\$59,33 2	\$63,57 0	\$67,80 8	\$72,04 6	\$76,28 4	\$80,52 2	\$84,76 0	\$84,76 1
For each additional person, add	\$4,320	\$4,752	\$5,184	\$5,616	\$6,048	\$6,480	\$6,912	\$7,344	\$7,776	\$8,208	\$8,640	\$8,640