

POLICY FOR SLIDING FEE SCALE FOR SELF PAY PATIENTS

It is the goal of the Community Health Improvement Center to charge patients according to their ability to pay. Patients who have either no third party reimbursement or inadequate coverage will be placed on a sliding fee scale according to family size and proof of income.

This fee scale is based on the Department of Health and Human Services Poverty Guidelines, published yearly. Updated guidelines can be obtained from the Census Bureau, HHES Division, Room 1462, Federal Office Building #3, U.S. Bureau of the Census, Washington, D.C., 20233, telephone (301) 457-3242, or on web site at <http://aspe.hhs.gov/poverty/12poverty.shtml#guidelines>

Incomes of all existing sliding scale patients are verified during the new patient registration process and annually thereafter. Changes in family size and income are noted in both medical files and computer files. **Appointments will not be scheduled until the patient has provided acceptable documentation for determination of income.** Adolescents seeking independent medical care will be considered at their individual income level.

Children who have no third party reimbursement will be assisted in applying for assistance through the Illinois Department of Health Care and Family Services. Any parents refusing application or failing to follow through with the application will not receive a discount.

All patients are required to make a minimum payment of \$15.00 at the time of the visit. For patients at the "A" level on the scale, this will be their nominal fee and there will be no additional charges billed. For patients at the higher levels of the scale; any remaining balance of charges will be billed. If the discounted charges are less than the \$15.00 payment received a credit will be applied to the patients account. Waivers will be considered for new patients on their first visit, newborns up to three months of age, pregnant mothers, and those patients with an urgent care need who are unable to pay the copay or nominal fee.

Sliding Scale For Office Visit Charges for Patients for FY2013

	A	B	C	D	E
Family Size	Nominal Fee of \$15.00	25% of Charges	50% of Charges	75% of Charges	100% of Charges
1	0 - 11,170	11,171 - 14,856	14,857 - 18,542	18,543 - 22,340	22,341 <
2	0 - 15,130	15,131 - 20,123	20,124 - 25,116	25,117 - 30,260	30,261 <
3	0 - 19,090	19,091 - 25,390	25,391 - 31,689	31,690 - 38,180	38,181 <
4	0 - 23,050	23,051 - 30,657	30,658 - 38,263	38,264 - 46,100	46,101 <
5	0 - 27,010	27,011 - 35,923	35,924 - 44,837	44,838 - 54,020	54,021 <
6	0 - 30,970	30,971 - 41,190	41,191 - 51,410	51,411 - 61,940	61,941 <
7	0 - 34,930	34,931 - 46,457	46,458 - 57,984	57,985 - 69,860	69,861 <
8	0 - 38,890	38,891 - 51,724	51,725 - 64,557	64,558 - 77,780	77,781 <

For Families with more than 8 members add \$3,960 for each additional member

Effective 7/1/2012