



Sliding Fee Schedule Discount Application

It is the policy of River City Psychiatric Services, LLC to provide essential services based on a patient’s income. Discounts are offered based on family size and annual income. Please complete the following information and return to the front desk @ fd@rivercitypsychservices.com to determine if you or members of your family are eligible for a discount or sliding fee schedule (SFS).

The discount will apply to all services received at this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, DOT-SAP assessment, CDL SAP assessment, referral to a consulting clinician, and other such services. This form must be completed every 12 months or if your financial situation changes.

| | | | | |
|---------------------------|------|-------|---------------------|-------|
| NAME OF HEAD OF HOUSEHOLD | | | PLACE OF EMPLOYMENT | |
| STREET | CITY | STATE | ZIP | PHONE |

Please list spouse and dependents under age 18

| Name | Date of Birth | Name | Date of Birth |
|-----------|---------------|-----------|---------------|
| SELF | | DEPENDENT | |
| SPOUSE | | DEPENDENT | |
| DEPENDENT | | DEPENDENT | |
| DEPENDENT | | DEPENDENT | |



Annual Household Income

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

NOTE: Copies of tax returns, pay stubs, or other information verifying income will 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: _____ Date Approved: _____

Approved Discount: _____ Approved by: _____

Date Approved: _____

| Verification Checklist | Yes | No |
|----------------------------------------------------------------------------|-----|----|
| Identification/Address: Driver's license, utility bill, employment ID, or | | |
| other Income: Prior year tax return, three most recent pay stubs, or other | | |
| Insurance: Insurance Cards | | |

2023 Sliding Fee Scale for Behavioral Health Services

| Total Fees | \$20 Nominal Fee | 20% of total charges | 40% of total charges, | 60% of total charges | 80% of total charges | Full Charges |
|-----------------------------|------------------|----------------------|-----------------------|----------------------|----------------------|--------------|
| Status | A | B | C | D | E | F |
| Federal Poverty Level (FPL) | ≤ 100% | 101-125% | 126-150% | 151-175% | 176-200% | > 200% |
| Family Size | 1 | 2 | 3 | 4 | 5 | 6 |
| | 7 | 8 | 9 | 10 | 11 | 12 |
| | 0-\$14,580 | \$14,581-\$18,225 | \$18,226-\$21,870 | \$21,871-\$25,515 | \$25,516-\$29,160 | \$29,161+ |
| | 0-\$19,720 | \$19,721-\$24,650 | \$24,651-\$29,580 | \$29,581-\$34,510 | \$34,511-\$39,440 | \$39,441+ |
| | 0-\$24,860 | \$24,861-\$31,075 | \$31,076-\$37,290 | \$37,291-\$43,505 | \$43,506-\$49,720 | \$49,721+ |
| | 0-\$30,000 | \$30,001-\$37,500 | \$37,501-\$45,000 | \$45,001-\$52,500 | \$52,501-\$60,000 | \$60,001+ |
| | 0-\$35,140 | \$35,141-\$43,925 | \$43,926-\$52,710 | \$52,711-\$61,495 | \$61,496-\$70,280 | \$70,281+ |
| | 0-\$40,280 | \$40,281-\$50,350 | \$50,351-\$60,420 | \$60,421-\$70,490 | \$70,491-\$80,560 | \$80,561+ |
| | 0-\$45,420 | \$45,421-\$56,775 | \$56,776-\$68,130 | \$68,131-\$79,485 | \$79,486-\$90,840 | \$90,841+ |
| | 0-\$50,560 | \$50,561-\$63,200 | \$63,201-\$75,840 | \$75,841-\$88,480 | \$88,481-\$101,120 | \$101,121+ |
| | 0-\$55,700 | \$55,701-\$69,625 | \$69,626-\$83,550 | \$83,551-\$97,475 | \$97,476-\$111,400 | \$111,401+ |
| | 0-\$60,840 | \$60,841-\$76,050 | \$76,051-\$91,260 | \$91,261-\$106,470 | \$106,471-\$121,680 | \$121,681+ |
| | 0-\$65,980 | \$65,981-\$82,475 | \$82,476-\$98,970 | \$98,971-\$115,465 | \$115,466-\$131,960 | \$131,961+ |
| | 0-\$71,120 | \$71,121-\$88,900 | \$88,901-\$106,680 | \$106,681-\$124,460 | \$124,461-\$142,240 | \$142,241+ |

*Status A patients receive a 100% discount on total charges and are asked to pay a nominal fee of \$20 for behavioral health services.

**Status B, C, D and E patients are asked to pay a down payment of \$30 at time of visit and will be billed for the remainder of their charges with their eligible discount applied.

**Status F patients are not eligible for discounts. They are asked to pay a down payment at time of service and will be billed for remaining charges.

**Down payments are only collected for office visits. Down payments are not collected for lab-only or nurse-only visits. Patients will receive a bill for these services with their eligible discount applied.

This sliding fee scale applies to patients who are uninsured or underinsured. Insured patients are asked to pay their insurance co-pay, and their insurance is billed for services. Insured patients are asked to provide income information for sliding fee scale eligibility. If there are any charges not covered by insurance, their eligible sliding fee scale discount is applied to their balance. Sea Mar accepts most insurances including Medicaid and Medicare.

Sea Mar provides all services regardless of a patient's ability to pay. If a patient is not able to pay the nominal fee or down payment at time of visit, they will be asked to pay any amount they can. All patients will be served whether or not they can pay the nominal fee or down payment.



Sliding Fee Schedule Discount Policy

SUBJECT: Sliding Fee Discount Program

EFFECTIVE DATE: March 14, 2022

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

PURPOSE:

This program is designed to provide discounted care to those who have no means, or limited means, to pay for their mental health services (Uninsured or Under-insured). 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. River City Psychiatric Services nurse coordinator role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

River City Psychiatric Services will offer a Sliding Fee Discount Program to all who are unable to pay for their services. River City Psychiatric Services will base its program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines 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: River City Psychiatric Services, LLC will notify patients of the Sliding Fee Discount Program by: Payment Policy. Information will be available to all uninsured patients at the time they seek services.
2. Sliding Fee Discount Program application will be included with the intake paperwork if the patient is uninsured.
3. Notification of the Sliding Scale Fee Discount Program will be offered to each patient upon paperwork completion and before admission to the clinic if they do not have any insurance. River City Psychiatric Services informed consent will need to be completed before we can process their application.
4. An explanation of our Sliding Fee Discount Program policy and application form are available on River City Psychiatric Services website. <https://rivercitypsychiatricervicesll.godaddysites.com/>
5. All patients seeking mental health care services at River City Psychiatric Services are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
6. **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 TeleHealth visits. No show and late cancel fees are still applicable and the patient's responsibility for missed appointments.
7. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Nurse Manager or his/her designee. Information about the Sliding Fee Discount Program policy and

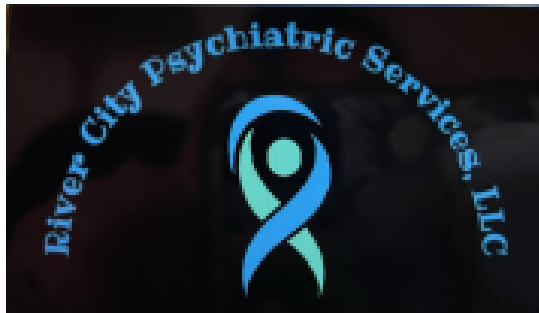


procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

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 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 River City Psychiatric Services 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 (2) 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. River City Psychiatric Services uses the Census Bureau definitions 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. *Non-cash 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, two 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 River City Psychiatric Services Nurse Manager 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% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal poverty guidelines.



- 10. Nominal Fee:** Patients receiving a full discount will be assessed a \$5 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. Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by River City Psychiatric Services or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
- 12. 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 River City Psychiatric Services. Sliding Fee Discount Program applications does not cover outstanding patient balances prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
- 13. Refusal to Pay:** If a patient verbally expresses an unwillingness to pay, the patient will be contacted in writing regarding their payment obligations. If the patient does not make effort to pay or fails to respond within 30 days, this constitutes refusal to pay. At that point in time, River City Psychiatric Services can explore options not limited, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
- 14. Record keeping:** Information related to Sliding Fee Discount Program decisions will be uploaded in the patient's electronic health record 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 drop box folder on River City Psychiatric Services shared directory, noting names of applicants, dates of coverage and percentage of coverage.
 - b. The Nurse Manager or the front desk will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials will also be logged.
- 15. Policy and procedure review: annually, the Nurse Manager will review the amount of Sliding Fee Discount Program provided.** The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices, which may serve as barriers preventing eligible patients from having access to our community care provisions.
- 16. Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program



service will be placed into the budget as a deduction from revenue. River City Psychiatric Services owner approval for Sliding Fee Discount Program will be sought as an integral part of the annual budget.

APPROVAL: 03-14-2022 SD

REVISED: 03-14-2022 SD

REVIEWED BY: A. Shum PMHNP-BC