

SLIDING FEE SCALE APPLICATION

All patients seeking health care services from Champion State of Mind, PLLC 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. 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). Champion State of Mind, PLLC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Champion State of Mind, PLLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

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

1. Notification: Champion State of Mind, PLLC will notify patients of the Sliding Fee Discount Program by
 - a. Payment Policy information will be available to all clients at the time of service.
 - b. Notification of the Sliding Fee Discount Program will be offered to each client upon admission.
 - c. Sliding Fee Discount Program application will be included with collection notices sent out by Champion State of Mind, PLLC.
 - d. An explanation of our Sliding Fee Discount Program and our application form are available on Champion State of Mind PLLC's website.
 - e. Champion State of Mind, PLLC places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request for discount: Requests for discounted services may be made by clients, 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 clinic visits. Information and forms can be obtained from the Front Desk.
3. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to clients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
4. Completion of Application: The client/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist client/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to Champion State of Mind, PLLC as disclosed on the application form.
5. Eligibility: Discounts will be based on income and family size only.
 - 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. Champion State of Mind, PLLC will also accept non-related household members when calculating family size.
 - b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
6. Income verification: Applicants may 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 be used. Patients who are unable to provide written verification may provide a signed statement of income.

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7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee 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 FPL Guidelines.
8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. 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.
9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by Champion State of Mind's designated official. Any waiving of charges should be documented in the client's file along with an explanation.
10. 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, Champion State of Mind, PLLC will work with the client and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding client balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
12. Refusal to Pay: If a client verbally expresses an unwillingness to pay or vacates the premises without paying for services, the client will be contacted in writing regarding their payment obligations. If the client is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the client does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Champion State of Mind, PLLC can explore options not limited to, but including offering the client a payment plan, waiving of charges, or referring the client to collections/small claims.
13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential location, 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 Champion State of Mind's practice management system, noting names of applicants, dates of coverage and percentage of coverage. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
14. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. Champion State of Mind, PLLC will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible clients from having access to our community care provisions.
15. 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.

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

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$13,590	14,949	16,308	17,667	19,026	20,385	21,744	23,103	24,462	25,821	27,180	27,181+
2	\$18,310	20,141	21,972	23,803	25,634	27,465	29,296	31,127	32,958	34,789	36,620	36,621+
3	\$23,030	25,333	27,636	29,939	32,242	34,545	36,848	39,151	41,454	43,757	46,060	46,061+
4	\$27,750	30,525	33,300	36,075	38,850	41,625	44,400	47,175	49,950	52,725	55,500	55,501+
5	\$32,470	35,717	38,964	42,211	45,458	48,705	51,952	55,199	58,446	61,693	64,940	64,941+
6	\$37,190	40,909	44,628	48,347	52,066	55,785	59,504	63,223	66,942	70,661	74,380	74,381+
7	\$41,910	46,101	50,292	54,483	58,674	62,865	67,056	71,247	75,438	79,629	83,820	83,821+
8	\$46,630	51,293	55,956	60,619	65,282	69,945	74,608	79,271	83,934	88,597	93,260	93,261+
For each additional person, add	\$4,720	5,192	5,664	6,136	6,608	7,080	7,552	8,024	8,496	8,968	9,440	9,440

*Based on the 2022 [Federal Poverty Guidelines \(FPG\) for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

SLIDING FEE SCALE APPLICATION FORM

NOTE: To comply with federal regulations and in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least once a year. Please bring yearly income tax return, copy of your W-2 form, last three paycheck stubs, copies of your social security checks, or other checks you may receive as proof of your family income. Only The family size and annual income will be used to determine your eligibility and to calculate your discount.

Name of Head of Household: _____

Home street address: _____ Apt.: _____

Mailing address (if different from street address): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Place of Employment: _____

Please list your household members, including those under the age of 18:

Name	Date of Birth	Name	Date of Birth
Self		Other	
Spouse		Other	
Other		Other	
Other		Other	

Annual House Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc...				
Income from business, self-employment, and dependants				
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				

I (Insert Name: _____) do hereby swear or affirm that the information provided in 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 scale and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Champion State of Mind, PLLC if there is a significant change in my income. If qualification for the sliding fee scale is obtained under this application, I will comply with all rules and regulations of Champion State of Mind, PLLC. I understand that the information provided will be kept confidential except for the purposes of this form and will not be released without my written permission. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____

Name (Print): _____

Signature: _____

OFFICE USE ONLY:

Application returned (Date): _____

Total Annual Income: _____ # of Household Size: _____

Verified with: _____ _____ _____

Identification/Address: Driver's License Utility Bill Employment ID Other: _____

Insurance: Insurance Cards

Discount Effective Date: _____

Qualified? Yes No

Discount Percentage (Per Session): _____

Requalify Date (if applicable): _____

Date: _____

Approved By- Signature: _____

Employee Name (Print): _____