

## **Sliding Scale Fee Discount Program Policy**

Mind/Body Health & Psychology, LLC maintains a standard procedure for qualifying clients for sliding fee scale discounts for services provided. Sliding fee scale discounts are available to clients with all incomes at or below 100% of the federal poverty guidelines. Sliding fee scale discounts apply to all directly provided Mind/Body Health & Psychology, LLC services. All mental health practitioners are to abide by this policy, and will refrain from waiving client fees on any other basis.

### **Procedure**

1. The Front Desk Specialist or Office Manager will inquire of all clients if they have healthcare coverage. For those with insurance or healthcare benefits, appropriate insurance information is documented in the practice management system at the time of registration. If the client has Medicaid or Medicare, their eligibility will be verified prior to service.
2. The Front Desk Specialist or Office Manager also informs clients in appropriate language that they have the option to apply for a sliding fee scale discount. Signage and the Mind/Body Health & Psychology, LLC website will also communicate the availability of a sliding fee scale discount.
3. The sliding fee scale can also apply for co-payments, deductibles and coinsurance.
4. In order to qualify, the client must share family and gross income information. A family consists of those members of the household supported by the reported income, typically the individuals reported on the federal tax return.
5. If s/he agrees to begin the qualification process, the Front Desk Specialist or Office Manager asks the client to complete the sliding fee scale application and provide any of the following documentation of gross income for all household members:
  - Federal income tax return or
  - Two current pay stubs or
  - Unemployment benefit award letter or
  - Letter from employer on letterhead or
  - Award or benefit letter or
  - Affiliated agency income verification documentation that meets above requirements.
6. The client is eligible for a sliding fee discounts when all documentation is received and income criteria for discounts are met. Documentation is copied and filed and/or scanned in the client's medical record.
7. Using the attached sliding fee scale, determine the specific amount of discount for which the client is eligible. The sliding fee scale will be reviewed and/or updated annually when the federal poverty guidelines are published in the federal register.
8. Update the client's account in the practice management system to reflect eligibility for sliding fee scale discounts, and the level of discount for which the client has qualified.

9. The discount is applied to services provided by Mind/Body Health & Psychology, LLC, including dates of service prior to the determination.
10. Clients who qualify for certain levels of sliding fee discounts are also expected to apply for other programs if requested to do so:
  - Medicaid: All clients applying for sliding scale discounts are expected but not required to also apply for Medicaid if the client appears to have a category for eligibility.
11. While a client is awaiting their determination of eligibility from Medicaid, s/he will be offered sliding fee scale services based on their presumptive income, IF all other documentation is complete.
12. Mind/Body Health & Psychology, LLC will maintain a uniform process for sliding fee discount program applications and clients must be re-qualified for sliding fee scale discounts annually by providing new/updated income/family documentation.
13. Clients will be asked for payment at the time of visit. Clients will be told that they are expected to pay and will receive a bill. Fees for clients who qualify for sliding fee scale discounts are indicated on the sliding fee scale discount schedule, which is reviewed, updated and approved annually.
14. Nominal fees for clients who are homeless or have no household income may be waived with either a completed proof of income or Unable to Verify Income form. The Office Manager and Owner of Mind/Body Health & Psychology are authorized to waive fees when the fee would create a financial barrier to care.

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Charge					
	Nominal Fee (\$5)	20% pay (\$30)	40% pay (\$60)	60% pay (\$90)	80% pay (\$120)	100% pay (\$150)
1	0-\$12,760	\$12,761-\$15,950	\$15,951-\$19,140	\$19,141-\$22,330	\$22,331-\$25,520	\$25,521+
2	0-\$17,240	\$17,241-\$21,550	\$21,551-\$25,860	\$25,861-\$30,170	\$30,171-\$34,480	\$34,481+
3	0-\$21,720	\$21,721-\$27,150	\$27,151-\$32,580	\$32,581-\$38,010	\$38,011-\$43,440	\$43,441+
4	0-\$26,200	\$26,201-\$32,750	\$32,751-\$39,300	\$39,301-\$45,850	\$45,851-\$52,400	\$52,401+
5	0-\$30,680	\$30,681-\$38,350	\$38,351-\$46,020	\$46,021-\$53,690	\$53,691-\$61,360	\$61,361+
6	0-\$35,160	\$35,161-\$43,950	\$43,951-\$52,740	\$52,741-\$61,530	\$61,531-\$70,320	\$70,321+
7	0-\$39,640	\$39,641-\$49,550	\$49,551-\$59,460	\$59,461-\$69,370	\$69,371-\$79,280	\$79,281+
8	0-\$44,120	\$49,121-\$55,150	\$55,151-\$66,180	\$66,181-\$77,210	\$77,211-\$88,240	\$88,241+
For each additional person, add	\$4,480	\$5,600	\$6,720	\$7,840	\$8,960	\$8,960



**mbh&p**

Mind/Body Health & Psychology, LLC.

### Sliding Scale Fee Discount Application

#### Sliding Fee Discount Information

It is the policy of Mind/Body Health & Psychology, LLC to provide essential mental health and behavioral services regardless of the client's ability to pay. MBH&P offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at MBH&P, but not those services received from outside, including medication consultations and other such services. You must complete this form 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/life partner and dependents under age 18 years.

Name	Date of Birth	Name	Date of Birth
SELF		DEPENDENT	
SPOUSE		DEPENDENT	
DEPENDENT		DEPENDENT	
DEPENDENT		DEPENDENT	

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**