



SLIDING FEE SCALE POLICY

CENTRAL VALLEY INDIAN HEALTH, INC.
20 N. DEWITT AVEUE
CLOVIS, CA 93612
559-299-2578

SLIDING FEE SCALE POLICY

RECORD OF CHANGES

CHANGE NUMBER	DATE OF CHANGE	CHANGE ENTERED BY
IMPLEMENTED	5-15-95	C.D. FOWLER
REVISED	9-01-00	C.D. FOWLER
REVISED	NOVEMBER 2001	C.D. FOWLER
REVISED	NOVEMBER 2002	C.D. FOWLER
REVISED	NOVEMBER 2005	C.D. FOWLER
CHANGED	NOVEMBER 2006	CLINIC COORDINATOR
CHANGED	NOVEMBER 2007	CLINIC COORDINATOR
CHANGED	NOVEMBER 2008	CLINIC COORDINATOR
CHANGED	APRIL 2009	CLINIC COORDINATOR
CHANGED	NOVEMBER 2009	CLINIC COORDINATOR
CHANGED	NOVEMBER 2010	CLINIC COORDINATOR
Changed	November 2011	Clinic Coordinator

SLIDING FEE SCALE POLICY

1. Purpose: To provide guidance for staff and patients in determining billing for services for persons with lower incomes based on the requirements outlined by the U.S. Department of Health and Human Services, Health Resources and Services Administration.
2. Documented Native Americans (as outlined in the Central Valley Indian Health Contract Health Services Policies and Procedures 3 (Eligibility) through 4.b. (Documentation for Eligibility) will not be charged for any Direct Care services which consist of all in-house medical and dental services excluding lab work and optical.
3. Annually a sliding fee schedule shall be adopted by the Board of Directors to be used for billing patients with lower incomes, who are uninsured as is described in the attachment to this policy.
4. The sliding scale fee is based on the patient's ability to pay determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.
5. The sliding fee scale is available for all established Central Valley Indian Health individuals and their immediate families with no health insurance and an annual income below 100 percent of the poverty guidelines.
6. Prior to the utilization of the sliding fee scale our Patient Services Representative shall ask the patient several questions to determine if they are eligible for other possible resources such as Medi-cal, CMSP or MISP and assist the patient in applying for these resources when applicable.
7. The following documentation is required in order to determine eligibility for the sliding fee scale:
 - A. Page 1 of your most recent federal income tax return (Form 1040 or 1040A)
 - B. A copy of your two most current wages statements, unemployment or pay stubs (a statement from your employer showing year to date earnings can be substituted for pay stubs if they are not available), verification of disability income, award letter for public assistance, military allotments, scholarships, Court order or Support Enforcement receipt for child or spousal support, etc. as applicable.
 - C. If you have no income whatsoever, and you are being provided room and board by someone else, a letter stating this from the people providing your room and board.
 - D. A copy of your CA state driver's license or current utility bill with your current name and street address is also required.
 - E. Once approved the sliding fee reduction will be good for 1 year, if you continue to receive services, you will be asked to re-apply.
 - F. All documentation must be provided prior to the sliding fee schedule being applied to services rendered. If documentation is not provided you will be required to pay the full amount of charges at the time services are rendered.
8. The Fiscal Department is responsible for maintaining and training applicable staff members in the use of this policy.

9. The sliding fee scale is implemented at the discretion of Central Valley Indian Health staff based on individual provider patient loads.

SLIDING SCALE APPLICATION

All information/documentation provided is strictly confidential.

MONTHLY INCOME:

Net income from work (after taxes) \$ _____
Public assistance (SDI, Welfare, etc) \$ _____
Unemployment compensation \$ _____
Any other income (not declared above) \$ _____

HOUSEHOLD SIZE: Please indicate the number of people supported by this income:

Adults _____ # Children _____

INCOME VERIFICATION:

- a. Page 1 of your most recent federal income tax return (Form 1040 or 1040A)
- b. A copy of your two most current wages statements, unemployment or pay stubs (a statement from your employer showing year to date earnings can be substituted for pay stubs if they are not available), verification of disability income, award letter for public assistance, military allotments, scholarships, Court order or Support Enforcement receipt for child or spousal support, etc. as applicable.
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FOR OFFICE USE ONLY

Patient Name: _____ Chart # _____

Date Qualified: _____ Re-application date _____

Percent Charge: _____ Percent Discount _____

Patient Services Representative: _____

CENTRAL VALLEY INDIAN HEALTH INC.-SLIDING FEE SCHEDULE BASED ON ANNUAL INCOME CATEGORIES

Family Size	0 % Charge		20 % Charge		40% Charge		60% Charge		80% Charge		100 % Charge	
	From	To	From	To	From	To	From	To	From	To	From	To
1	0	10,890	10,890	13,068	13,068	15,246	15,246	17,424	17,424	19,602	19,602	+
2	0	14,710	14,710	17,652	17,652	20,594	20,594	23,536	23,536	26,478	26,478	+
3	0	18,530	18,530	22,236	22,236	25,942	25,942	29,648	29,648	33,354	33,354	+
4	0	22,350	22,350	26,820	26,820	31,290	31,290	35,760	35,760	40,230	40,230	+
5	0	26,170	26,170	31,404	31,404	36,638	36,638	41,872	41,872	47,106	47,106	+
6	0	29,990	29,990	35,988	35,988	41,986	41,986	47,984	47,984	53,982	53,982	+
7	0	33,810	33,810	40,572	40,572	47,334	47,334	54,096	54,096	60,858	60,858	+
8	0	37,630	37,630	45,156	45,156	52,682	52,682	60,208	60,208	67,734	67,734	+
9	0	41,450	41,450	49,740	49,740	58,030	58,030	66,320	66,320	74,610	74,610	+
10	0	45,270	45,270	54,324	54,324	63,378	63,378	72,432	72,432	81,486	81,486	+
Percent Of Discount	100%		80%		60%		40%		20%		0%	
The Sliding Fee Scale is Based On HHS 100 % Poverty Guidelines Effective Jan 20,2011												