



It is the policy of Western Sierra Medical Clinic, Inc. (WSMC) to provide discounts for the cost of providing health care to patients who are eligible to receive a discount. WSMC provides health services to patients regardless of their ability to pay.

Eligibility

Eligibility for discounts will be based on income and family size only. Only a patient whose income is less than 201% of the Federal Poverty Guidelines is eligible for a discount. WSMC uses the Census Bureau definitions of each criteria.

a. A family is 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 (SSI), public assistance, Veterans' payments, survivor benefits, disability benefits, pension or retirement income, interest, dividends, rent, royalties, income from estates/trusts, educational assistance, alimony, child support, assistance from outside the household, and other income. Assets and noncash benefits (such as food stamps and housing subsidies) do not fall within the definition of income and are not considered income.

Patients who have applied for Medi-Cal are eligible for a discount until they have been approved for Medi-Cal/CMSRP benefits, provided they meet all other eligibility requirements. Medi-Cal/CMSRP patients with a share of cost may apply for a discount.

Patients with Medicare coverage without secondary insurance may be eligible for a discount applicable to the 20% coinsurance requirement, provided they meet all other eligibility requirements.

Income Verification

Applicants must provide one of the following: prior year W-2 or tax return (note: if a business income statement is attached to the return, the adjusted gross income stated on the first page of the return will be used as verification of income unless the number is a negative), two most recent pay stubs (gross income amount will be used as income verification), letter from employer, or Form 4506-T (if W-2 is not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business.

Self-declaration of Income

An Applicant who is unable to provide written verification of income may "self-declare" their income by providing a signed statement of income and statement why he/she is unable to provide independent verification. This statement will be presented to the WSMC CEO or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients whose application is approved are eligible for a discount for three months, after which time they must reapply for eligibility and approval.



Discounts

A patient who qualifies for a discount under the Sliding Fee Discount Program will pay for services on a sliding fee scale. The current version is as follows*:

Those with income at or below 100% of the Federal Poverty Guidelines will pay nominal fees for services, which are \$25 for medical services, \$35 for dental services, and \$50 for psychiatry services.

Those with income of 101-125% of the Federal Poverty Guidelines will be charged 20% of WSMC's fees for the services rendered, according to WSMC's fee schedule.

Those with income of 126-150% of the Federal Poverty Guidelines will be charged 40% of WSMC's fees for the services rendered, according to WSMC's fee schedule.

Those with income of 151-175% of the Federal Poverty Guidelines will be charged 60% of WSMC's fees for the services rendered, according to WSMC's fee schedule.

Those with income of 176-200% of the Federal Poverty Guidelines will be charged 80% of WSMC's fees for the services rendered, according to WSMC's fee schedule.

No discount is provided to a patient whose income exceeds 200% of the Federal Poverty Guidelines.

*Patients who have third-party coverage may not be eligible for the above discounts if WSMC is legally or contractually obligated to collect payment for services, e.g., copays, deductibles.

Approval/Denial

If a patient's application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with WSMC. Applications will cover any balances incurred within six months after the approved date, unless the applicant's financial situation changes significantly. The applicant has the option to reapply after six months have passed or anytime there has been a significant change in income or family size.

Refusal to Pay

If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, WSMC can explore options, including but not limited to, offering the patient a payment plan, waiving of charges, or referring the patient to collections efforts.



Supplies and Equipment

If WSMC acquires, purchases or facilitates access to supplies and equipment, it reserves the right to charge patients based on a different schedule of discounts. WSMC may charge patients for such supplies and equipment based on amounts that are less than prevailing rates. Further, such charges may be set to cover the reasonable costs of such items or may be further discounted to pass additional savings on to patients. In this regard, (e.g., eyeglasses, medications and dental restorative devices), WSMC does not offer discounts for medications, and lab costs for dental restorative devices such as bridges, crowns, and dentures.

Nominal Fee

Patients qualifying below 100% of the Federal poverty level will be charge a nominal fee per visit. The nominal fee(s) vary depending on the service received; however, patients will not be denied services due to an inability to pay.

Payment

Payment is due at the time of service. If a patient is unable to make payment in full, he or she must pay the nominal fee and the remaining balance will be billed to the patient. The patient may make payment arrangements with WSMC's Billing Office staff.

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



Name of Patient(s)	Date(s) of Birth
Name of responsible party if different from patient	
Name of Head of Household	Place of Employment
Street, City, State Zip	Phone, cell phone, message phone
Health Insurance Plan	Social Security Number

Please list spouse and dependents under age 18 residing together

Name	Date of Birth	Name	Date of Birth
Self		Dependent	
Spouse		Dependent	
Dependent		Dependent	
Dependent		Dependent	

Annual Household Income

Source	Self	Spouse	Significant Other	Other	Total
Gross Wages, salaries, tips, etc.					
Unemployment, compensation, workers' compensation Social Security, Veteran's benefits, survivor benefits, disability, other public assistance (specify)					
Pension or retirement income, interest, dividends, rents, royalties, income from estates/trusts, educational assistance					
Alimony, child support, assistance from outside the household, and other income					
Income from business (self-employment)					
Self-Declaration (additional form)					
Total Income					

Verification Checklist (attach copies)	Yes	No
Identification/Address: Driver's License, birth certificate, employment ID, Social Security card or other		
Income Verification Documentation		
Insurance card(s)		
Self-declaration		

Notice to Applicants Who Did Not Provide Income Verification Documents:

If you did not provide verification of income as required, you will have a 15 calendar day grace period to provide that information to WSMC.

Your 15 Calendar Day Grace Period Expires On: _____

If you do not provide verification of income to WSMC within the grace period, your application will be denied and a statement will be sent to you for the remaining balance due. Until your **application is approved, you must pay a nominal fee of \$25.00 for medical services, \$35.00 for dental services, and \$50 for psychiatry services at the time of service.** If you owe more due to eligibility for a partial discount, you will be billed for the additional amounts.

I certify that the information shown above is true and correct. By signing this application, I authorize WSMC access in confirming income as disclosed on this application. I acknowledge and agree that if I have provided false information on this application the consequences will include that all discounts being revoked and the full balance of my account(s) being restored and payable immediately.

_____ _____ _____
 Name (Print) Signature (Date)

Office Use Only

Income: _____ Household Size: _____

Family / Individual (circle one) Entered into EMR _____ (initial)

Level approved: A B C D E F: _____ Effective Date: _____

Approved by: _____ Expiration Date: _____

Western Sierra Medical Clinic does not discriminate on the basis of race, color, national origin, sex, age or disability, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, or gender identity or expressions.