



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

Eligibility

Eligibility for discounts will be based on income and family size only. Only a patient whose income is less than 200% of the Federal Poverty Guidelines is eligible for a discount. WSMC uses the Federal Poverty Level updated annually.

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, public assistance, veterans' payments, survivor benefits, disability 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 income. Assets and noncash benefits (such as food stamps and housing subsidies) do not fall within the definition of income and are not considered.

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

Patients with Medicare coverage or other insurances may be eligible for a discount applicable to the coinsurance or deductible, provided they meet all other eligibility requirements.

Income Verification

Applicants must provide one of the following: prior year W-2 or tax return (note that 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 not filed). Self-employed individuals will be required to submit the tax return from the previous year.

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 CFO or his/her designee for review and final determination. Self-declared patients whose application is approved are eligible for a discount for 12 months, after which time they must reapply for eligibility and approval.



Discounts

A patient who qualifies for a discount under the SDFP will pay for services on a sliding fee scale (the current version of which is attached) as follows*: NOTE: dental lab fees documented in the dental treatment plan are not eligible for the sliding fee scale. Medical lab fees are subject to the sliding fee scale.

Those with income at or below 100% of the Federal Poverty Guidelines will pay nominal fees for services, which are \$10 for behavioral health services, \$25 for medical, chiropractic & specialty services, and \$35 for dental services.

Those with income of 101-125% of the Federal Poverty Guidelines will be charged \$20 for behavioral health services, \$35 for medical, chiropractic & specialty services, and \$45 for dental services.

Those with income of 126-150% of the Federal Poverty Guidelines will be charged \$30 for behavioral health services, \$45 for medical, chiropractic & specialty services, and \$55 for dental services.

Those with income of 151-175% of the Federal Poverty Guidelines will be charged \$40 for behavioral health services, \$55 for medical, chiropractic & specialty services, and \$65 for dental services.

Those with income of 176-200% of the Federal Poverty Guidelines will be charged \$50 for behavioral health services, \$65 for medical, chiropractic & specialty services, and \$75 for dental services.

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

Approval/Denial

Upon submission of a sliding fee scale application patients receive a conditional approval for 30 days, patients are eligible for this once a year. If a patient does not provide documentation within the 30 day grace period the application will be denied and future visits will be billed to the patient or responsible party at 100% of charges incurred, the patient may establish a payment plan with WSMC. Approved applications are good for 12 months, documentation to renew will be required to qualify for an additional 12 months. If the applicant's financial situation changes significantly, please request an earlier renewal.

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 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, offering the patient a payment plan, limitations on scheduling of visits, or waiving of charges.

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 the



patient.

Nominal Fee

Patients qualifying below 100% Federal poverty level will be charge a nominal fee per visit. The nominal fee(s) vary depending on 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 direct 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					

