

Sliding Fee Application & Financial Qualification Worksheet

Patient Name: _____

Date of Birth: ____ / ____ / ____

Home Phone: _____ Work Phone: _____

Employer/School: _____ Occupation: _____

Is your employment seasonal? Yes No

Is your employment related to agriculture? Yes No

Financially Responsible Party (if not self): _____

Date of Birth: _____ Relationship to Patient: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Number of people in your household? _____ *(This includes anyone who you could claim on your taxes)*

| <u>Name</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Documented Proof of Income: | <u>Current Monthly</u> | <u>Last 12 Months Total</u> |
|------------------------------------|------------------------|-----------------------------|
| Wages or Self Employment | | |
| Social Security/Public Assistance | | |
| Unemployment/Workers Comp | | |
| Alimony/Child Support | | |
| Pensions/Retirement Income | | |
| Disability Income | | |
| Any Other Income | | |
| Total Annual Gross Income: | | |

I declare under penalty of perjury, under laws of the State of Florida, that all statements contained in this application and accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of application.

I have read the Sliding Fee Application and I understand that payment is due at the time of services. If documentation of income verification is not given to BHA by your next appointment, the application will no longer be valid and you must reapply. Thank you in advance for your cooperation.

No Proof and will submit prior to next appt - self attested income: \$ _____

Signature: _____ Date: _____

For Office Use only:

Qualifies for Slide (circle one): A B C D E F (No Discount/Full Fee) Ineligible Date of Determination: _____

Signature of person making eligibility determination: _____

Sliding Fee Scale Explanation and Qualification Criteria - Family Size and Income

Sliding Fee Scale is base on the 2021 HHS Poverty Guidelines

| Service Description | Slide A Homeless | Slide A 100% or Less | Slide B 101%-125% | Slide C 126%-150% | Slide D 151%-175% | Slide E 176%-200% | Slide F 201% + |
|---|-----------------------------|---------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------|
| Medical Services | \$0 | \$10 | \$15 | \$25 | \$35 | \$50 | Full Pay |
| Psychology Services | \$0 | \$10 | \$15 | \$25 | \$35 | \$50 | Full Pay |
| OB Service | \$0 | \$10 | \$15 | \$25 | \$35 | \$50 | Full Pay |
| Dental Services | \$10 | \$20 | \$30 | \$40 | \$50 | \$60 | Full Pay |
| Psychiatry Services | \$0 | \$20 | \$30 | \$40 | \$50 | \$60 | Full Pay |
| Pharmacy (Cost of Medications + Dispensing) | COM + \$5 | COM + \$5 | COM + \$6 | COM + \$7 | COM + \$8 | COM + \$9 | Full Pay |

Sliding Fee Information

Thank you for selecting Brevard Health Alliance. Part of our mission for BHA is to provide quality services to you and your family. In doing so, BHA offers a sliding fee scale for patients and members of their families (as defined below) who fall below 200% of the poverty guidelines as set forth by the Federal Government. Income levels are based on total “family” income, family is defined below.

The amount of the discount and the income ranges for those discounts are set by BHA’s Board of Directors and approved by the Federal Government. Income guidelines are revised annually. Current discounts and income guidelines are available at Brevard Health Alliance.

The sliding fee application will cover all medically necessary medical, behavioral, pharmacy, OB, and dental services. The costs of procedures, labs, tests, and provider visits that are deemed medically necessary, performed within a BHA clinic will qualify for the sliding fee discount. The costs of procedures, labs, tests and provider visits that are deemed optional, cosmetic or experimental will be the responsibility of the patient requesting the services at 100% of the regular rate charged. Even if services are ordered by a provider, it does not necessarily mean that they are medically necessary.

Definitions

Family-A family means those persons within the same household (including dependents/partner) who are applying for the sliding fee discount using their combined income.

Individual-An individual is a person 18 years old or over who has verifiable income using the list below (*).

Income Verification

Income is verified once a year. If a patient has a change in their income, it is their responsibility to notify BHA of that change. BHA reserves the right to verify income with an employer at any time. (*) Patients are required to provide at least two of the following items as verification of income.

1. Previous year tax return
2. Previous year W-2 form(s)
3. Current pay stubs (last 4 weeks, if possible)
4. Lay-off notification from last employer
5. Current information from unemployment office
6. Denied Medicaid application
7. Pay Stubs from unemployment (last 4, if possible)

If you were not required to file prior’s years income tax return or you receive any of the following types of income, documentation must be submitted showing the amounts of each received by any member of the household.

1. Child Support
2. Welfare Assistance
3. Social Security
4. Unemployment
5. Self-Employment Income
6. Alimony
7. Retirement Income
8. Worker’s Compensation
9. Disability Income
10. Any Other Income

Eligible Fees

Medical, Behavioral Health, Pharmacy, OB, and Dental Services that are provided at BHA are eligible for the sliding fee discounts. Deductibles and co-payments may be eligible for sliding fee discounts.

Minimum Charge

There is a minimum medical, mental health, pharmacy, OB, and dental charge for all sliding fee visits, as approved by the BHA Board of Directors. The minimum charge must be paid at the time of service regardless of insurance coverage.

Additional Information

Payment is required when services are rendered. Timeliness in completing this application is important.

Your application for the sliding fee discount will not be approved until complete documentation is received. Until you are approved for a sliding fee discount, you will be responsible for the full charges associated with services you receive from BHA unless any amounts are covered by other third party services. If you have any questions, BHA staff will assist you. Thank You!

*Please note that all patients, regardless of sliding fee requests, are asked to complete income information, as it is necessary for continued clinic funding; patients who are wanting a sliding fee must fill out form on page 4, along with the income information.

Thank you for your assistance!