

## SLIDING FEE SCALE APPLICATION

It is the policy of Champion State of Mind, PLLC to provide essential services regardless of the client's ability to pay. Discounts are offered 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 this clinic, but not those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. This form must be completed every 12 months or if your financial situation changes.

### How do I qualify?

All applicants are asked to provide proof of household income and family size to qualify for discounted fees. Information will be updated at least once a year, or anytime your income, household size and/or medical insurance status changes. If it the client's (or legal guardian's) responsibility to keep an up-to-date sliding scale application with Champion State of Mind, PLLC.

### Processing of Application

Upon receiving a completed Sliding Scale Fee Application, Champion State of Mind, PLLC will review the application request and notify the client of his or her eligibility. Note that U.S. Poverty Guidelines and the Sliding Fee Discount grid (shown below) will be used to determine eligibility. A completed application includes the following: the current form with date/signature, the Sliding Fee Scale Application and all supporting documentation to verify the reported income. The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Champion State of Mind, PLLC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application. Champion State of Mind, PLLC requires that clients otherwise eligible for 100% discount pay a nominal fee of \$5.00 per session visit.

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$12,060	\$13,266	\$14,472	\$15,678	\$16,884	\$18,090	\$19,296	\$20,502	\$21,708	\$22,914	\$24,120	\$24,121
2	\$16,040	\$17,644	\$19,248	\$20,852	\$22,456	\$24,060	\$25,664	\$27,268	\$28,872	\$30,476	\$32,080	\$32,481
3	\$20,420	\$22,462	\$24,504	\$26,546	\$28,588	\$30,630	\$32,672	\$34,714	\$36,756	\$38,798	\$40,840	\$40,841
4	\$24,600	\$27,060	\$29,520	\$31,980	\$34,440	\$36,900	\$39,360	\$41,820	\$44,280	\$46,740	\$49,200	\$49,201
5	\$28,780	\$31,658	\$34,536	\$37,414	\$40,292	\$43,170	\$46,048	\$48,926	\$51,804	\$54,682	\$57,560	\$57,561
6	\$32,960	\$36,256	\$39,552	\$42,848	\$46,144	\$49,440	\$52,736	\$56,032	\$59,328	\$62,624	\$65,920	\$65,921
7	\$37,140	\$40,854	\$44,568	\$48,282	\$51,996	\$55,710	\$59,424	\$63,138	\$66,852	\$70,566	\$74,280	\$74,281
8	\$41,320	\$45,452	\$49,584	\$53,716	\$57,848	\$61,980	\$66,112	\$70,244	\$74,376	\$78,508	\$82,640	\$82,641
For each additional person, add	\$4,180	\$4,598	\$5,016	\$5,434	\$5,852	\$6,270	\$6,688	\$7,106	\$7,524	\$7,942	\$8,360	\$8,360

# SLIDING FEE SCALE APPLICATION FORM

**NOTE:** To comply with federal regulations and in order to give you a discount on our medical services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least once a year. Please bring yearly income tax return, copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks you may receive as proof of your family income. Only The family size and annual income will be used to determine your eligibility and to calculate your discount.

Name of Head of Household: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt.: \_\_\_\_\_

Mailing address (if different from street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Please list spouse and dependents under the age of 18:

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

Annual House Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc...				
Income from business, self-employment, and dependants				
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor 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 miscellaneous sources				
<b>Total Income</b>				

I (Insert Name: \_\_\_\_\_) do hereby swear or affirm that the information provided in this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee scale and will subject me to penalties under Federal Laws which may include fines and imprisonment. I further agree to inform Champion State of Mind, PLLC if there is a significant change in my income. If qualification for the sliding fee scale is obtained under this application, I will comply with all rules and regulations of Champion State of Mind, PLLC. I understand that the information provided will be kept confidential except for the purposes of this form and will not be released without my written permission. I hereby acknowledge that I read the foregoing disclosure and understand it.

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

**Name (Print):** \_\_\_\_\_

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

**OFFICE USE ONLY:**

Application returned (Date): \_\_\_\_\_

Total Annual Income: \_\_\_\_\_ # of Household Size: \_\_\_\_\_

Verified with:  Pay Stubs  Tax Forms  EVF  CVF  Other: \_\_\_\_\_

Identification/Address:  Driver's License  Utility Bill  Employment ID  Other: \_\_\_\_\_

Discount Effective Date: \_\_\_\_\_

Qualified?  Yes  No

Discount Percentage (Per Session):  100% - Nominal Fee (\$5)  90%  80%  70%

60%  50%  40%  30%  20%  10%  0%

Requalify Date (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Approved By- Signature: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_