



**Behavioral Wellness Clinic**

COUNSELING • MEDICATION • TESTING  
& COMPLEMENTARY THERAPIES



**LOUISVILLE  
OCD CLINIC**

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## Sliding Fee Schedule Policy

**Effective Date:** November 19th, 2018

**POLICY:** To make available discount services to those in need for a one year period.

**PURPOSE:** This program is designed to provide discounted care to those who have no means, or limited means, to pay for their services. Be Well Providers, LLC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Be Well Providers, LLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines (<http://aspe.hhs.gov/poverty>) are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

**PROCEDURE:** These guidelines are to be followed in providing the Sliding Fee Discount Program.

- 1. Provision of Services:** All patients seeking outpatient services at Be Well Clinic, LLC are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay, so long as they complete and are found eligible in the application process.
- 2. Requests for Discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Discounted services would apply effective the date of application approval going forward. Information and forms can be obtained from the Front Desk.
- 3. Administration:** The Sliding Fee Discount Program procedure will be administered through the Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided charitable services.

4. **Alternative Payment Sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs.

5. **Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Be Well Clinic, LLC access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

**Initial Application:** If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be re-dated to the date on which they supply the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

**Yearly Renewal Applications:** A patient who receives discounted services under this policy is required to submit an updated application every 12 months or if their financial situation changes. Failure to meet the annual financial information requirement may result in the patient no longer being eligible for the Sliding Fee Discount Program. If a current patient is delinquent in meeting the updated annual application requirement, Be Well Clinic, LLC may attempt to inform the patient they are being terminated from the Sliding Fee Discount Program unless they submit the required financial information within 10 business days of the end date of their prior application, or within 10 business days of the notification, at the discretion of Be Well Clinic, LLC. If a patient does not submit the renewal information within this 10 business day timeframe, they are no longer guaranteed the discounted services per the one year anniversary date of the original application. Patients who have not been seen at the clinic in the past six months are considered terminated from the Sliding Fee Discount Program, and must resubmit a new application to receive a discounted rate.

6. **Discounts:** Discounts will be based on income and family size only. Be Well Clinic, LLC defines a Family as head of household, spouse and dependent children. **If the applicant can be listed as a dependent on someone else's federal tax return, please include all individuals listed on that tax return in the family size and income sections. If the applicant's permanent residence is with a**

**parent(s) or other family member, and a parent or other family member will be paying for any services, please include those individuals in the family size and income sections, regardless of dependency status.**

**7. Income includes:** earnings, 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. Noncash benefits (such as food stamps and housing subsidies) do not count.

**8. Requirements: Applicants must provide the following for each wage-making individual in the household: two most recent pay stubs, last year's W-2s, last year's tax return, and documentation of any other miscellaneous income (can be in the form of a recent bank statement). If a tax return was not submitted for the prior year, the applicant and each wage-making individual must submit the two most recent bank statements.** Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why he/she is unable to provide independent verification. This statement will be reviewed and final determination as to the sliding fee percentage will be made. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

**9. Updates:** The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.

**10. Notice:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the offer of discounted hourly rate, or, if applicable, the reason for denial. The patient and/or responsible party must establish payment arrangements with Be Well Clinic, LLC, prior to the first appointment. The applicant must reapply after 12 months have expired or anytime there has been a significant change in family income.

**11. 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 is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. 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, Be Well Clinic, LLC can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring for patient collections efforts.

12. **Storage of Information:** Information related to Sliding Fee Discount Program decisions will be preserved in electronic format only, such as patient accounts. All paper financial records will be shredded, in an effort to preserve the dignity of those receiving free or discounted care.

# Sliding Fee Discount Application

It is the policy of Be Well Clinic, LLC to provide essential services regardless of the patient'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. Specific documentation, set out on Page 6, is required to calculate any discount.

The discount will apply to all outpatient services received at this practice, but not those services or equipment that are purchased from outside, including medications. **This form must be completed every 12 months or if your financial situation changes.**

Name: \_\_\_\_\_

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

Address (City, State, Zip): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please list spouse and dependents under age 18; or all individuals in the household if the applicant can be claimed as a dependent on someone else's tax return. Also list all individuals in the household if the applicant's permanent address is with a parent(s) or other family member, and a parent or other family member will be paying for any services, regardless of dependency status. Include in both family size and income sections.**

Name	Relationship	Date of Birth


**Annual Household Income**

Source	Self	Spouse	Parents/ Other	Total	Documentation (at least 3 including tax return)
Gross wages, salaries, tips, etc. or income from business, self-employment, and dependents					<input type="checkbox"/> 2 most recent pay stubs attached for each? <input type="checkbox"/> Last year's W-2s attached for each? <input type="checkbox"/> Last year's tax return attached? <input type="checkbox"/> If any of the above not applicable, two most recent bank statements?
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income					<input type="checkbox"/> Documentation of most recent payment attached, if applicable? (Can be from a bank statement)
Interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and					<input type="checkbox"/> Documentation of most recent payment attached, if applicable? (Can be from a bank statement)

other miscellaneous sources					
Total Income					<input type="checkbox"/> Checklist complete?

**NOTE: Application above must be complete with all documentation attached before an application is considered accepted. If for any reason some documentation is not available, a brief cover letter explaining why and detailing individual circumstances will be considered. Please allow our office at least 5 business days from the time we accept the complete application in order to determine a fee.**

I certify that the family size and income information shown above is correct and complete.

Name: \_\_\_\_\_

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

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

**For Office Use**

Patient Name: \_\_\_\_\_

Approved Discount For Clinician #1: \_\_\_\_\_

Approved Discount For Clinician #2: \_\_\_\_\_

Approved Discount For Clinician #3: \_\_\_\_\_

Approved Discount For Clinician #4: \_\_\_\_\_

Approved By: \_\_\_\_\_

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

<b>Verification Checklist</b>	<b>Yes</b>	<b>No</b>
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2 most recent pay stubs attached for each wage-making individual in the household?		
Last year's W-2s attached for each wage-making individual in the household?		
Last year's tax return or most recent bank statement attached for each wage-making individual in the household?		
Documentation of most recent payments attached for any miscellaneous income? (Can be from a bank statement).		