

THE RINEHART CLINIC

Discounted/Sliding Fee Schedule Policy

The Rinehart Clinic discount fee policy is available for all patients.

Policy

It is the policy of the Rinehart Clinic to provide essential health services regardless of the patient's ability to pay. Discounts are offered depending upon household income and size. A sliding fee schedule is used to calculate the basic discount and is updated each year using the federal poverty guidelines. Once approved, the discount will be honored for 12 months, after which the patient must reapply. However, if a patient's economic circumstances change during the 12 month period, a new application will be required.

Discount Application Process

A completed application including required documentation of household income, and insurance coverage must be submitted.

Adolescent patients seeking confidential care are exempt from the application process and services are provided at the nominal rate.

Services Covered and Excluded

Medical:	The discount is applied to all in-office services and off-site services supplied by the Rinehart Clinic health care providers.
Pharmacy:	Samples are provided, when available, without charge.
Lab & X-ray:	The discount is applied to in-office laboratory and x-ray services. Reference laboratory tests are currently included, but are subject to change. Consulting radiology interpretations are excluded.

THE RINEHART CLINIC
Discounted/Sliding Fee Application

It is the Rinehart Clinic policy to provide essential services regardless of the patient's ability to pay. Discounts are offered depending upon family income and size. Please complete the following information and return to the business office to determine if you and/or members of your family are eligible for a discount.

The discount will apply to all services received at the Rinehart Clinic, but not those services which are purchased from outside, such as drugs, x-ray interpretation by a consulting radiologist, and similar services. Reference laboratory testing is included at this time, but is subject to change. The discount will be honored for 12 months, after which you must reapply. In the hope that your economic health improves, a new application will be required. Please inquire at the business office if you have questions, or if you need help in completing the application.

Number of related persons living in your household: _____

Total household income: (complete one column)

Household Members: NAME(S)	Household Income (complete one column)		
	Annual	Monthly	Bi-Weekly
Self			
Spouse			
Children			
Relatives (explain relationship)			
Total			

Note: Include income from all related persons in household and income from all sources including gross wages, tips, social security, disability, pensions, annuities, veterans payments, net business or self-employment, alimony, child support, military, unemployment, public aid, and other.

Verification Checklist (attach copies)	Yes	No
Income: Prior year tax return, three most recent pay stubs, or other		
Insurance: Insurance card(s)		

I certify that the family size and income information shown above is correct. I will supply copies of tax returns, pay stubs, and other information verifying income may be required before a discount is approved. I agree to pay my portion of total charges for each service at the time of services. I also agree to have a review of account every 12 months.

Name (Print)

Signature

Date

Office Use Only		
Pay class approved: _____	Effective date: _____	
Pt account #: _____	Approved by: _____	Expiration date: _____

Proposed 09-19-07
Adopted 09-19-07

**THE RINEHART CLINIC
SLIDING FEE SCALE**

Annual Income Thresholds by Sliding Fee Discount Pay Class						
Family Unit Size	Minimum Fee	20%	40%	60%	80%	100%
1	\$ 10,210	\$ 12,763	\$ 15,315	\$ 17,868	\$ 20,420	\$ 20,421
2	13,690	17,113	20,535	23,958	27,380	27,381
3	17,170	21,463	25,755	30,048	34,340	34,341
4	20,650	25,813	30,975	36,138	41,300	41,301
5	24,130	30,163	36,195	42,228	48,260	48,261
6	27,610	34,513	41,415	48,318	55,220	55,221
7	31,090	38,863	46,638	54,408	62,180	62,181
8	34,570	43,213	51,855	60,498	69,140	69,141
The minimum fee is: <u>\$ 7.00.</u>						

Note: The income ceiling for the minimum fee pay class is equal to the federal poverty level. The 2007 federal poverty guideline increases by \$3,480 for each family member.

Monthly Income Thresholds by Sliding Fee Discount Pay Class						
Family Unit Size	Minimum Fee	20%	40%	60%	80%	100%
1	\$ 851	1,064	1,276	1,489	1,702	1,703
2	1,141	1,426	1,711	1,996	2,282	2,283
3	1,431	1,789	2,146	2,504	2,862	2,863
4	1,721	2,151	2,581	3,011	3,442	3,443
5	2,011	2,514	3,016	3,519	4,022	4,023
6	2,301	2,876	3,451	4,026	4,602	4,603
7	2,591	3,239	3,886	4,534	5,182	5,183
8	2,881	3,601	4,321	5,041	5,762	5,763
The minimum fee is: <u>\$ 7.00.</u>						

Note: The monthly schedule is equal to the annual schedule divided by 12 months.

The Rinehart Clinic

NOTICE

THIS PRACTICE HAS ADOPTED THE FOLLOWING POLICIES FOR CHARGES FOR HEALTH CARE SERVICES

We will charge persons receiving health services at the usual and customary rate prevailing in this area. Health services will be provided at no charge, or at a reduced charge, to persons unable to pay for services. In addition, persons will be charged for services to the extent that payment will be made by a third party authorized or under legal obligation to pay the charges.

We will not discriminate against persons receiving health services because of their inability to pay for services, or because payment for the health services will be made under Part A or B of Title XVII ("Medicare") or Title XIX ("Medicaid") of the Social Security Act.

We will accept assignment under the Social Security Act for all services for which payment may be made under Part B of Title XVIII ("Medicare") of the Act.

We have an agreement with the State agency which administers the State plan for medical assistance under Title XIX ("Medicaid") of the Social Security Act to provide services to persons entitled to medical assistance under the plan.

The Rinehart Clinic

Notice to Patients:

This practice serves all patients regardless of ability to pay.

Discounts for essential services are offered depending upon family size and income.

You may apply for a discount at the front desk.

Thank you.

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Aviso Para Los Pacientes

Este centro de salud atendera a todos los pacientes, sin importar su capacidad de pago.

Los descuento por servicios esenciales variaran y son ofrecidos dependienco del numero de sus familiars y de su sueldo.

Usted podra aplicar para el descuento con la recepcionista en el excritorio del frente de la clinica.

Gracias.

