



Policy Title:	Sliding Scale Fee Program Policy		
Policy Number		Effective Date	09/01/2024
Approval	Sandy Jones and R Reams Powers Jr		
Revision Dates			

SUBJECT: Sliding Scale Fee Program Policy

1. POLICY

This policy and procedure is designed to offer free or discounted services for medical care to those in financial need (uninsured or underinsured). All patients seeking health care services at QuickVisit Urgent Care are assured that they will be served regardless of their ability to pay. QuickVisit Urgent Care will not discriminate based on an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity, ability to pay, or whether payment for those services would be made under Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP). The [Federal Poverty Guidelines](#) are used to create and update the sliding fee schedule annually to determine eligibility.

2. PROCEDURE

- a. QuickVisit Urgent Care will utilize the following guidelines in providing the Sliding Fee Discount Program:
 - i. Notification – QVUC will notify patients of the Sliding Fee Discount Program by:
 - 1. The Sliding Fee Discount Program policy, explanation, and application form are available on Quick Visit Urgent Care’s website.
 - 2. Signage detailing the Sliding Fee Discount Program is posted in the clinic waiting area.
 - ii. Request for Discount - Requests for discounted services must be made by the patient/responsible party. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the front desk.

- iii. Completion of Application - The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Administration clearly outlines the requirements for the application in the policy and application form. By signing the Sliding Fee Discount Program application, individuals are confirming their income to Quick Visit Urgent Care disclosed on the application form.
- iv. Eligibility - Discounts will be based on income and family size only. We do not require patients to apply to Medicaid/health insurance.
 - 1. According to the Census Bureau a “family” is defined 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. In other words, a “household” would include people you would include on your taxes.
 - 2. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
 - 3. Re-certification for the discount must be completed every 6 months.
- v. Income verification – Applicants must provide one of the following:
 - 1. Prior year W-2
 - 2. Two to four most recent pay stubs (must span 4 weeks)
 - 3. Letter from employer OR
 - 4. Form 4506-T (if W-2 not filed)
 - 5. Self-employed individuals will be required to submit the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.
 - 6. Providing false information or information subsequently determined to be false on a SFDP application will result in all SFDP discounts being revoked and the full balance of the account(s) restored and payable immediately.
- vi. Discounts - Those with income at or below 100 percent of poverty will receive a full 100 percent discount for healthcare services. Those with income above 100 percent of poverty, but at or below 200 percent of poverty, will be charged a nominal fee and discounted rate according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Line Guidelines.
- vii. Nominal Fee - Patients with incomes above 100 percent of poverty, but at or below 200 percent poverty will be charged a nominal fee and discounted rate according to the attached sliding fee schedule and based on their family size and

income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.

- viii. Waiving of Charges - In certain situations, patients may not be able to pay the nominal fee and discounted rate. Waiving of charges must be approved by QuickVisit Urgent Care's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
- ix. Applicant Notification -The Sliding Fee Discount Program determination will be provided to the applicant in writing and will include the percentage of Sliding Fee Discount Program write-off, or, if applicable, the reason for denial. Sliding Fee Discount will start on the day of approval. Re-certification for the discount must be completed every 6 months, unless their financial situation changes significantly. The applicant can reapply after the 6 months have expired or when there has been a significant change in family income.
- x. Refusal to Pay - If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services and the patient is not on the sliding fee schedule, the patient will be billed at a full service fee rate. The patient must reach out to the practice to obtain a Sliding Fee Discount Application. If the patient does not make an effort to pay or apply for the program within 60 days, this constitutes a refusal to pay. At this point in time, Quick Visit Urgent Care Clinic can explore options that are not limited to offering the patient a payment plan or referring the patient to collections.
- xi. Record Keeping - Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the office of the business manager, in an effort to preserve the dignity of those receiving free or discounted care.
 - 1. Applicants that have been approved for the Sliding Fee Discount Program will be logged in QuickVisit Urgent Care's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
 - 2. The program manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts.
 - 3. Denials and applications not returned will also be logged.
- xii. Policy and Procedure Review - The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. QuickVisit Urgent Care will also review possible changes in our policy and procedures, and examine institutional practices that may serve as barriers preventing eligible patients from having access to our community care provisions.
- xiii. Budget - During the annual budget process, an estimated amount of the Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.