



THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • Fax (435) 867-1514

SLIDING FEE DISCOUNT POLICY

Policy: Four Points Community Health Centers sliding fee discount policy is designed to provide discounted care to those who have no means, or limited means, to pay for their medical, dental, mental health and/or vision services.

The Health Centers 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, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

A. Discount Application Process and Guidelines

- 1. Notification:** Four Point Community Health Center will notify patients of the Sliding Fee Discount Policy by:
 - Notification of the Sliding Fee Discount Program in the health Center waiting area.
 - Explanation of the Sliding Fee Discount Program and an application form are available on Four Points Community Health Centers website.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
- 2. Application:** Sliding Fee Discount Application are available at the Health Center or can be obtained by visiting the Health Centers website. Patients requesting to receive a discount for services must complete the discount fee application (Attachment A) in full. An application that is missing information and not signed by the patients is considered incomplete and the patient will not be eligible for the Sliding Fee Discount Program. The sliding fee scale is based on Family Size and Income only.
 - A. Family:** Family is defined as: a group of two or people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including subfamilies) are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.
 - B. Proof of Income:** In addition to the application, all patients wanting to receive discounted services must provide the Health Center with Proof of Income at the time of application submittal or within ten (10) business days from the application submitted. Any patient not providing proof of income will be responsible for the full charge of any services provided by Four Points Health Center. A minimum of one form of income verification is required. Once approved, the discount will be honored for one (1) year. Any change in family size and income during the year will require the patient to reapply for the Sliding Fee Discount. Acceptable forms for proof on income include the following:

B. Scope of Service included with this policy are:

1. Medical Office visits for primary care (including in-house laboratory, injections, routine vaccinations and minor surgical procedures) are covered under the discount fee program.
2. Dental – routine exams, cleaning and fillings are covered under the discount fee program.
3. Behavior Health – mental health counseling and outpatient substance abuse counseling are covered under the discount fee program.

Optical – Optometry exams and glasses are covered under this discount fee program.

Patrick Charles, Tribal Chairman

Date

Date Approved by Tribal Council:		Effective Date	
Date Reviewed:			
Supersedes Polices:			
HRSA Program Requirement:			

Attachment B

Four Points Community Health Centers Sliding Fee Discount Schedule					
Monthly Income Limits - Based on 2017 Monthly Federal Poverty Level (FPL) Guidelines By Family Size					
	Level 1 (Nominal Fee)	Level 2	Level 3	Level 4	Level 5
Medical, Mental Health and Vision Fee	\$20.00	\$30.00	\$40.00	\$50.00	*Full Fee
Dental Fee	\$30.00	40% of Fee Schedule	60% of Fee Schedule	80% of Fee Schedule	*Full Fee
Family Size	0-100%	101-133%	134-166%	167-200%	201 and up%
	Up to	Up to	Up to	Up to	and over
1	\$1,005.00	\$1,337.00	\$1,668.00	\$2,010.00	\$2,010.00
2	\$1,353.00	\$1,800.00	\$2,247.00	\$2,707.00	\$2,707.00
3	\$1,702.00	\$2,263.00	\$2,825.00	\$3,403.00	\$3,403.00
4	\$2,050.00	\$2,727.00	\$3,403.00	\$4,100.00	\$4,100.00
5	\$2,398.00	\$3,190.00	\$3,981.00	\$4,797.00	\$4,797.00
6	\$2,747.00	\$3,653.00	\$4,560.00	\$5,493.00	\$5,493.00
7	\$3,095.00	\$4,116.00	\$5,138.00	\$6,190.00	\$6,190.00
8	\$3,443.00	\$4,580.00	\$5,716.00	\$6,887.00	\$6,887.00
* Fee Schedule is updated and approved annually based on Optum fee schedule for local charges					

Four Points Community Health Centers Sliding Fee Discount Schedule					
Annual Income Limits - Based on 2017 Annual Federal Poverty Level (FPL) Guidelines By Family Size					
	Level 1 (Nominal Fee)	Level 2	Level 3	Level 4	Level 5
Medical, Mental Health and Vision Fee	\$20.00	\$30.00	\$40.00	\$50.00	*Full Fee
Dental Fee	\$30.00	40% of Fee Schedule	60% of Fee Schedule	80% of Fee Schedule	*Full Fee
Federal Poverty Range	0-100%	101-133%	134-166%	167-200%	201 and up%
Family Size	Up to	Up to	Up to	Up to	and over
1	\$12,060.00	\$16,040.00	\$20,020.00	\$24,120.00	\$24,121.00
2	\$16,240.00	\$21,599.00	\$26,958.00	\$32,480.00	\$32,481.00
3	\$20,420.00	\$27,159.00	\$33,897.00	\$40,840.00	\$40,841.00
4	\$24,600.00	\$32,718.00	\$40,836.00	\$49,200.00	\$49,201.00
5	\$28,780.00	\$38,277.00	\$47,775.00	\$57,560.00	\$57,561.00
6	\$32,960.00	\$43,837.00	\$54,714.00	\$65,920.00	\$65,921.00
7	\$37,140.00	\$49,396.00	\$61,652.00	\$74,280.00	\$74,281.00
8	\$41,320.00	\$54,956.00	\$68,591.00	\$82,640.00	\$82,641.00
Note: For families with more than 8 persons, add \$4,180 for each additional person					
* Fee Schedule is updated and approved annually based on Optum fee schedule for local charges					

Attachment D

NOTICE TO PATIENTS:

This practice serves all patients regardless of inability to pay.
Discounts for essential services are offered based on family size and income.
For more information, ask at the front desk or visit our website.
Thank you.

AVISO PARA PACIENTES:

Esta práctica sirve a todos los pacientes, independientemente de la incapacidad de pago.
Descuentos para los servicios esenciales son ofrecidos dependiendo de tamaño de la familia y de los ingresos.
Usted puede solicitar un descuento en la recepción o visita nuestro sitio web.
Gracias.