Winding Waters Community Health Center

Schedule of Discounts Application Information

<u>Information Package for Schedule of Discounts</u>

Policy in Brief: Winding Waters is committed to fulfilling the mission of this Community Health Center to serve the primary health care needs of Wallowa County. In keeping with this mission, Winding Waters has initiated a program intended to enhance the health status of Wallowa County. It is Winding Waters' policy to establish a sliding fee discount schedule (SFDS), based on a patient's income and family size, for all services within Winding Waters' approved scope of project, regardless of the mode of delivery for which there is an established charge. The SFDS is established and implemented to ensure that uniform and reasonable fees and discounts are consistently and appropriately applied to all Winding Waters patient accounts to minimize financial barriers to care. Eligibility for the SFDS will be based on income, family size, cost of living considerations, and no other factors.

The ability to pay will be judged by applying the Federal Poverty Guidelines set forth by the U.S. Department of Health and Human Services. Patients whose household income falls within 200% of the Federal Poverty Guidelines will be assigned the appropriate level of discount according to the SFDS. Additionally, patients may request a waiver of fees at any time if they experience financial hardship due to special circumstances. See the full board-approved policies under separate cover.

Procedure: Discount information and applications will be furnished upon request. The staff of Winding Waters will make a reasonable effort to collect applications and proof of income. **<u>Once approved, the discount will be honored for appointments and services through March 31st of the year following approval. Renewal applications are required every year, generally during the month of March.</u>**

The patient and/or guardian will be notified of their eligibility in a letter delivered by US Mail, or delivered by hand should a patient not be able to receive mail at the time of an approval.

Policy created: 9/4/07

Reviewed/Updated: 12/4/07, 1/13/09, 9/4/09, 4/6/10, 4/7/11, 2/6/12, 3/15/13, 3/17/14, 5/1/15, 10/1/15, 11/1/15, 02/06/20

Notice to Patients:

Winding Waters serves all patients without regard to any of the following: ability to pay, race, color, religion, creed, gender, gender expression, age, national origin, ancestry, disability, marital status, sexual orientation, or military status.

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

You may pick up the Schedule of Discounts Application packet at the front desk.

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 DEPENDIENDO DEL NUMERO DE SUS FAMILIARES Y DE SU SUELDO.

USTED PODRA APLICAR PARA EL DESCUENTO CON LA RECEPCIONISTA EN EL ESCRITORIO DEL FRENTE DE LA CLINICA.

GRACIAS.

Winding Waters Community Health Center

Schedule of Discounts Application

Applicant Name: ______________________________ Date of Application: ______________

Address:____
(Mailing) (City) (State) (Zip)

Contact Phone Number: __________________________

Family Members	Relation	Date of Birth	Employment Status	Income Mo. or Yr.
Applicant	**Self**			

Do you **or** your family members have? Medicaid____ Medicare____ Private Insurance____

Please provide a copy of your most recent tax return, pay stubs, and any other proof of income.

Please place this completed application in the inbox of the Human Resources Officer

Income Sources	Income Amounts
Employment Income	$
Child Support / Alimony / AFDC Income	$
Social Security / Disability Income	$
Unemployment Income	$
Pension / Retirement / Trust Income	$
Other Income	$
Total Annual Income:	**$**
Cost of Living Considerations*	**Cost of Living Amounts**
Food Costs	$
Child Care Costs – only for children under 12 years old	$
Medical Costs	$
Housing Costs	$
Transportation Costs	$
Total Annual Costs of Living:	$
Qualifying Annual Income:	**$**

*cost of living amounts will be the lesser of the actual expenses listed, or the amount identified by livingwage.mit.edu

I will furnish, to the best of my ability, proof of the above income and costs. I affirm that this statement of family annual income is true and accurate to the best of my knowledge, and that all statements made by me in this application are true. I understand that this information is subject to verification by Winding Waters and is subject to review by federal and/or state enforcement agencies and others as required.		
Signature of Applicant:		**Date:**
The following should be completed by a financial services associate of Winding Waters		
Received By:		***Date Application Received:***
Required documents provided to verify income & insurance application:		
Adjusted Annual Household Income:		*Number of People in Household:*
Discount:	*Valid Date:*	*Through:*