



Mountain Valleys Health Centers

2017 Sliding Fee Discount Program Policy Statements

- Patients shall receive and acknowledge receipt of MVHC's Sliding Fee Discount Program Policy.
- It's necessary for MVHC to gather personal information in order to give patients a discount on medical/dental services. The information you provide on the Sliding Fee Discount Program Application and supporting documents will be held in strict confidence.
- All income must be reported and used to determine eligibility for the Program. After eligibility is assessed, any changes to income or family size are required to be reported to MVHC.
- Patients must verify income and family size at least annually and notify MVHC if income or family size change.
- Following are some examples of documents that show proof of income:
 - * W-2 form
 - * Pay Stubs (2)
 - * 1099G (Unemployment benefits)
 - * Letter from an employer
 - * Tax Return (required for self-employed earnings)
 - * Social Security/SSI benefit statement letter
 - * Bank statement (showing direct deposit by name)
 - * Unemployment Stub (must declare wages additionally)
- **Patients declining to be assessed for eligibility in the Sliding Fee Discount Program by refusing to provide the information required by MVHC for assessing income and family size are not eligible for the Sliding Fee Discount Program.**
- Patients unable to provide written verification of income because no reasonable option for providing it exists, must complete a *Self-Declaration of Income Statement*. This shows source of income, a detailed explanation of why independent verification cannot be provided and an amount of annual income. **If no income is reported or zero income is declared, the statement must include a written explanation of the current living situation and how monthly expenses are being met.**
- Patients who may qualify for Sliding Fee, but do not have documentation at the time of service shall be given thirty (30) days to complete the application and provide proof of income. After 30 days the application will be voided. The patient is responsible for full fees for the service. If the patient applies at a later time, **eligibility will not be retroactive.**
- Payment is due at time of service. Please note that payment in full at time of service will qualify for an additional discount. 10% for dental/medical, 15% for 65 and over for dental **only.**
- For patients with annual income under 100% of the FPL, MVHC will require a nominal fee per provider visit for *medical and routine dental services.*
- For patients with annual income under 100% of the FPL a nominal fee per provider visit plus out of pocket expenses, such as lab fees incurred by MVHC, shall be charged for *restorative dental services.*
- The sliding fee categories are structured to ensure that each category pays more for services than the category below it.
- Lab, x-ray or pharmacy services not provided by MVHC, not included in our scope of service and not paid for by MVHC, do not qualify for sliding fee. For these services the patient is responsible for the total cost.
- Labs billed with discounted client pricing and venipunctures do not qualify for sliding fee. The patient is responsible for the total cost.

Please acknowledge receipt of this policy by signature designated on the Sliding Fee Discount Program Application. Please retain this Policy for your records.

Notice of Nondiscrimination

Mountain Valleys Health Centers (MVHC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Translation Services

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Por favor, háganos saber cuándo haga la cita que se necesita ayuda con el idioma.

注意：如果您说中文，您可以免费获得语言协助服务。请在预约时告知我们您需要语言协助

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