

Sliding Fee Discount Program

A+ PEDIATRICS PATIENT NON-DISCRIMINATION POLICY

A+ Pediatrics will not discriminate in the provision of health care services to an individual:

1. Because the individual is unable to pay for the health care services
2. Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP)
3. Based upon the individual's race, color, sex, age, national origin, disability, religion, gender identity or sexual orientation

Accessible Care

A+ Pediatrics strives to provide exceptional health care services to all patients regardless of economic status. Our commitment is to promote healthy lifestyle, efficient service, and the overall well-being of the children we serve. Therefore, we offer a sliding fee discount for medical visits.

Program Details

A+ Pediatrics accepts all patients regardless of their insurance or financial status. This schedule is reviewed and revised annually by the clinic's Board of Directors.

The Sliding-Fee Discount Scale is used to determine financial assistance "discounts" based on the family's income and family size. Sliding-fee qualifications and discounts are based on the Federal Poverty Guidelines.

In order for a patient to participate in the Sliding-Fee Discount Program, the patient's guardian must complete the Sliding-Fee Discount Program application and provide required proof of income. It is the responsibility of the patient guardian to provide the evidence of eligibility to participate in this program. To do so, families should bring all of the following to the health center:

- Current year's 1040 tax form
- Proof of income from everyone in the household
- An unemployment stub
- driver's license or photo id of everyone living in household
- medication bottles or current prescription list
- An unemployment stub
- Statement of income from each family member's housing or food stamp program

If none of the above documents are available for review, the patient will be granted a ONE visit exclusion from providing proof by providing self-attestation of income. However, for any subsequent visit, without proof of income, the patient will be considered to fall within the "above 200% of the Federal Poverty Guidelines" and billed at 100% of the charge. The sliding fee discount schedule will be valid for one (1) year from the date proof of income is provided or first visit with the discount program.

Sliding Scale Fee

Patients will be charged for each medical service/visit that are available at our clinic with the sliding scale fee as follows.

100% or below Federal Poverty Guidelines-(0%)	<u>\$25. per visit per patient</u>
101%-125% of Federal Poverty Guidelines- (25%)	<u>\$35. per visit per patient</u>
126%-150% of Federal Poverty Guidelines-(50%)	<u>\$50. per visit per patient</u>
151%-200% of Federal Poverty Guidelines- (75%)	<u>\$75. per visit per patient</u>
ABOVE 200% of Federal Poverty Guidelines-	100% of charge per visit per patient

% of 2023 Federal Poverty Guidelines:	0-100%		101-150%		151-175%		176-200%		Over 200%
	A		B		C		D		E
Patients Pay % of Lab Fees	0%		25%		50%		75%		Full Pay
Medical Office Visit	Nominal Fee \$25		\$30.00		\$35.00		\$40.00		Full Pay
Family Size	Income Is		Income Is Between		Income Is Between		Income Is Between		Income Is
1	\$14,580		\$14,581	to	\$21,871	to	\$25,516	to	\$29,161
	& Below		\$21,870		\$25,515		\$29,160		& Above
2	\$19,720		\$19,721	to	\$29,581	to	\$34,511	to	\$39,441
	& Below		\$29,580		\$34,510		\$39,440		& Above
3	\$24,860		\$24,861	to	\$37,291	to	\$43,506	to	\$49,721
	& Below		\$37,290		\$43,505		\$49,720		& Above
4	\$30,000		\$30,001	to	\$45,001	to	\$52,501	to	\$60,001
	& Below		\$45,000		\$52,500		\$60,000		& Above
5	\$35,140		\$35,141	to	\$52,711	to	\$61,496	to	\$70,281
	& Below		\$52,710		\$61,495		\$70,280		& Above
6	\$40,280		\$40,281	to	\$60,421	to	\$70,491	to	\$80,561
	& Below		\$60,420		\$70,490		\$80,560		& Above
7	\$45,420		\$45,421	to	\$68,131	to	\$79,486	to	\$90,841
	& Below		\$68,130		\$79,485		\$90,840		& Above
8	\$50,560		\$50,561	to	\$75,841	to	\$88,481	to	\$101,12
	& Below		\$75,840		\$88,840		\$101,120		& Above

For family units of more than 8, add \$5,140 for each additional member