Sliding Fee Discount Program

Central Ozarks Medical Center offers a discounted fee to patients based on their household size and household income. The Sliding Fee Program includes fees for medical, dental and behavioral health services.

To determine eligibility, COMC will need to ask you to bring in personal financial information. Any information we ask you for will be strictly confidential. **None of your personal information, financial or medical, can be released without your written information.** The information we are asking for is used solely to determine household size and household income. Applications are effective for a one-year period. Sliding Fee Discount Program participants must complete an application annually Discount Program applications must be completed, signed and approved prior to services being provided. All participants are asked to notify COMC of income changes as soon as possible after the change occurs.

All patients under 19 years of age must have a Medicaid denial letter to be eligible for the Discount Program.

Household Size:

- Household size includes all people living in your home EXCEPT for those you are not financially responsible for.
- Marital Status is not a factor when determining household size.

Household Income

- Household income includes **ALL INCOME** earned by **ALL INDIVIDUALS COUNTED IN HOUSEHOLD SIZE.**

Acceptable Forms of Proof of Income

- Prior year's tax return
- Paycheck Stubs
- W-2 or 1099 from prior year
- Letter from employer showing Year-to-Date wages and dates of employment
- Letter from Social Security, Veteran's Affairs, Employment Office, etc.
- Other proof of income may be accepted and will be determined on an individual basis

Countable incomes are outlined later in this packet

Insurance and Sliding Fee Discount Program

Under-insured individuals are still eligible for the sliding fee discount program. Provide your insurance card at the time you complete your application so a determination of the discount can be determined. Insurance will be billed first, then you will be given the discount you are eligible after the claim has been processed.

Encounters Types

Dependent upon household income and household size the applicant will be assigned a flat fee level. Clinic based medical encounters, behavioral health encounters and Tier I dental encounters are all covered at the flat-fee the patient is eligible for based on the sliding fee discount scale.

Charges for Tier II dental procedures will be billed at Tier I fee level plus an amount to cover the lab fees or additional time charges. Estimated costs will be provided to the patient before scheduling the procedure.

Hospital Care - If you are an existing COMC patient participating in the Sliding Fee Discount Program and are admitted to the hospital by a COMC physician, the following **Physician** services are eligible for the Discount Program.

- Hospital Admission
- Hospital Follow-up
- Hospital Discharge

Other Services NOT Covered by the Sliding Fee Discount Program are as follows:

- Services related to motor vehicle accent and work comp services
- Lab/x-ray ordered by providers outside COMC
- Elective/Cosmetic Procedures to include, but not limited to:
  - Circumcision
  - Removal of moles/skin tags (for cosmetic purposes)
  - Certain Dental Procedures
  - Piercings
  - Any supply related to contraception
  - Medical Weight Loss Program (SSHC)
  - Exam and lab work required for Boxing
- Elective Dental Procedures
  - Bridge
  - Temporary Dentures
  - Porcelain Crowns

Flu Vaccine:

Administration of Flu Vaccine with **nurse only** visit:

Discount Level A: $10.00
Discount Level B: $15.00
Discount Level C: $25.00

If the flu vaccine is administered at the time of an office visit, the normal discount fee will apply. COMC offers **FREE Flu Vaccines** at the Clinic's Flu Fair. Inquiry may be made at reception.

The Sliding Fee Discount Program is retroactive for 30 days. All applications must be completed in FULL. Applications cannot be accepted without proper proof of income. Central Ozarks Medical Center is please to help meet your healthcare needs. We invite you to share this Discount Program information with others. If you have questions about this program, please speak to the reception staff.

Countable income includes:

- Taxable Wages/Salary (before taxes are taken out)
  - Pretax contributions to dependent care accounts, health insurance premiums, flexible spending accounts, retirement accounts and commuter expenses are NOT included as income
- Self-Employment
  - Profit once expenses are paid
- Social Security Benefits
- Unemployment Benefits
- Alimony Received
- Most Retirement Benefits
- Interest – including tax-exempt interest
- Net Capital Gains
- Most investment income
- Rental or royalty income
- Other taxable income
- Lump sum is only counted in the month received
- Income of child under 19 who is required to file taxes, as his/her income equals or exceeds the federal tax filing threshold

Non-Countable income includes:

- Temporary Assistance and other government cash assistance
- Supplemental Security Income (SSI)
- Child Support Received
- Veteran's Benefits
- Workers Compensation Payments
- Proceeds from life insurance, accident insurance, or health insurance
- Federal tax credits
- Scholarships, awards, or fellowship grants used for education, but not living expenses
- American Indian/Alaskan Native income derived from distribution, payments, ownership interests, and real property usage rights
- Income of a child under age 19 who is not required to file taxes, as his/her income is less than the federal tax filing threshold

Sliding Fee Discount Program Application

Date: _____

Applicant's Full Name: _____
Last First Middle

Applicant's Address: _____
Street Address City State Zip

County: _____ Date of Birth: ____/____/____

Guarantor # _____

Office Use Only

Household Size:

Please list all members of your household whom you are financially responsible for, including yourself:

	Full Name of Household Member	Relationship	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			

Patients under 19 years of age must have a Medicaid denial letter to be eligible for Discount Program

Household Income:

Please list all sources of income generated by anyone counted in household size, regardless of marital status. **Please see Countable Income and Non-Countable income on the previous page**

	Type of Income	Amount of Income
1		
2		
3		
4		
5		
6		
7		
8		
	Total of all Rows	

If insured, please show reception a copy of your current insurance card.

Please initial understanding of the following items:

_____ I have read and understand the information contained in the "Sliding Fee Discount Program"
Initial Packet this application was included in and agree to abide by these guidelines.

_____ I understand my information will be kept in strict confidence and that if my income changes I am
Initial required to notify Central Ozarks Medical center on my next visit to the clinic.

_____ I declare to information I have given is true and give Central Ozarks Medical Center (COMC)
Initial consent to investigate any information given in this application.

_____ Based on the number of people in my household and the income information I proved, I
Initial understand the fee for each medical visit is $_____ and this fee must be paid at the time of service.

_____ I further understand that fees for dental services vary, based on type of procedure (Tier I and Tier
Initial II), and the amount due from me will be discussed with me prior to services being rendered.

_____ _____
Applicant's Signature Date

_____ _____
Staff Signature Date

Federal Poverty Level: _____

Approved Discount Level: _____

I verify that_____is currently unemployed and has had no income this year. I help provide for his/her living expenses; however, I am not responsible for his/her debts.

_____ _____

Signature **Date**

_____

Relationship