



## **Sliding Fee Discount Program**

Central Ozarks Medical Center offers a Sliding Fee Discount Program (SFDP) to all individuals and families with annual incomes at or below 200% of the Federal Poverty Guidelines (FPG). The SFDP is offered for Medical, Dental, and Behavioral Health services.

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

**Family Size** is defined as the number of individuals receiving financial support from a head of household and includes the following:

1. Patient applying
2. Individuals that can be claimed by the patient on a Federal/State tax return
3. Family members living with and financially supported by the patient

**Income** is defined as earnings used to support an individual/household unit and is generally considered to be the adjusted gross income reported for income tax purposes.

**Acceptable Forms of Proof of Income** include the following:

1. Most recent year's Federal IRS Form 1040 (Adjusted Gross Income)
2. Most recent pay stubs (2 consecutive)
3. Letter from employer detailing gross wages, frequency of pay periods, and dates of employment
4. Letter from Social Security, Veteran's Affairs, or Employment Office that lists income

### **Self-Declaration of Income**

Patients must bring required information for verification of family size and income at their first visit in order to qualify for the SFDP. However, if the patient does not have the information, they can be seen for 30 days at the slide level determined from a completed self-declaration form. Patients with no income may also complete a self-declaration form and be seen at slide level A for 30 days, at which time a third-party attestation form will need to be provided.



**Third Party Insurance Coverage and Eligibility**

Patients with third party insurance coverage are also eligible for the SFDP. Please provide your insurance card along with your SFDP application for a determination of your discount. COMC attempts to assess all patients for SFDP eligibility; however, for those patients that choose not to provide the information required to determine family size and income, even after being informed that they may qualify for discounts, are viewed as declining eligibility for the SFDP. These patients will be considered ineligible for sliding fee discounts.

**Sliding Fee Discount Schedules**

Patients will be charged on the Sliding Fee Discount Schedule (SFDS) based on their family size and income and no other factors.

- Medical and Behavioral Health Sliding Fee Schedule

Level A	Level B	Level C	Level D	Level E
\$30.00	\$40.00	\$60.00	\$80.00	Full Charge

- Dental Sliding Fee Schedule

Level A	Level B	Level C	Level D	Level E
\$50.00	Greater of \$75.00 or 30% of Charges	Greater of \$75.00 or 40% of Charges	Greater of \$75.00 or 50% of Charges	Full Charge

- Hospital Sliding Fee Schedule<sup>1</sup>

Level A	Level B	Level C	Level D	Level E
\$30.00	Greater of \$30.00 or 40% of Charges	Greater of \$30.00 or 60% of Charges	Greater of \$30.00 or 80% of Charges	Full Charge

**Additional Charges may be incurred**

Patients will be billed on a cost-plus basis for certain lab services and supplies. Examples include lab fees for Dentures, Partials, Crown and Bridges as well as supply cost for contraceptive devices.

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<sup>1</sup> 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 Sliding Fee Discount Program: Admission, Follow-up, and Discharge.



**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 pleased 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
- Self-employment
- Retirement Benefits (including Social Security)
- Unemployment
- Alimony
- Interest, dividends, rents, and royalties

**Non-Countable income includes:**

- Child Support
- Non-cash benefits such as food stamps and housing subsidies
- Temporary assistance and other government cash assistance
- Social Security Disability (SSD)
- Supplemental Security Income (SSI)
- Veteran's benefits (VA Benefits) and disability (VA Disability)
- Workers Compensation payments
- Proceeds from life, accident, and health insurance
- Scholarships, awards, and fellowship grants used for education



## 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number \_\_\_\_\_

**Family 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			

**Income:**

Please list all sources of income generated by anyone counted in family 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		
	<b>Total of all Rows</b>	

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 and agree to abide by these guidelines.

\_\_\_\_ I understand that the expiration date for this information will be on \_\_\_\_\_ per COMC policy.  
**Initial**

\_\_\_\_ 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 provided, I  
**Initial** understand (1) the fee for each medical and behavioral health visit is \$ \_\_\_\_\_ (2) the fee  
for each dental visit is dependent upon the service provided, and (3) this fee must be paid  
at the **time of service**.

\_\_\_\_ I further understand that certain fees for labs and contraceptive supplies will result in  
**Initial** additional charges.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Poverty Level: \_\_\_\_\_

Approved Discount Level: \_\_\_\_\_



# COMC

**MEDICAL · BEHAVIORAL · DENTAL**

*Your Health.....Our Mission.*

**Central Ozarks Medical Center  
Sliding Fee Discount Schedule  
Effective June 1, 2020**

**\*\*\*Sliding Fee Discount Program eligibility is based solely on family size and income. Please speak to a member of our staff to apply\*\*\***

OFFICE FEE PER VISIT					
Medical	\$30	\$40	\$60	\$80	Full Fee
Behavioral Health	\$30	\$40	\$60	\$80	Full Fee
Dental	\$50	Greater of \$75 or 30% of Charges	Greater of \$75 or 40% of Charges	Greater of \$75 or 50% of Charges	Full Fee
Hospital	\$30	Greater of \$30 or 40% of Charges	Greater of \$30 or 60% of Charges	Greater of \$30 or 80% of Charges	Full Fee
FEDERAL POVERTY GUIDELINES (2020)					
Family Size	Level A (0-100% PFG)	Level B (101-133% PFG)	Level C (134-166% FPG)	Level D (167-200% FPG)	Level E (Above 200% FPG)
1	\$0 - \$ 12,760	\$12,761 - \$ 16,971	\$16,972 - \$ 21,182	\$21,183 - \$ 25,520	\$25,521 and Above
2	\$0 - \$ 17,240	\$17,241 - \$ 22,929	\$22,930 - \$ 28,618	\$28,619 - \$ 34,480	\$34,481 and Above
3	\$0 - \$ 21,720	\$21,721 - \$ 28,888	\$28,889 - \$ 36,055	\$36,056 - \$ 43,440	\$43,441 and Above
4	\$0 - \$ 26,200	\$26,201 - \$ 34,846	\$34,847 - \$ 43,492	\$43,493 - \$ 52,400	\$52,401 and Above
5	\$0 - \$ 30,680	\$30,681 - \$ 40,804	\$40,805 - \$ 50,929	\$50,930 - \$ 61,360	\$61,361 and Above
6	\$0 - \$ 35,160	\$35,161 - \$ 46,763	\$46,764 - \$ 58,366	\$58,367 - \$ 70,320	\$70,321 and Above
7	\$0 - \$ 39,640	\$39,641 - \$ 52,721	\$52,722 - \$ 65,802	\$65,803 - \$ 79,280	\$79,281 and Above
8	\$0 - \$ 44,120	\$44,121 - \$ 58,680	\$58,681 - \$ 73,239	\$73,240 - \$ 88,240	\$88,241 and Above
9 or more	Add \$4,480 for each additional member	Add \$5,958 for each additional member	Add \$7,437 for each additional member	Add \$8,960 for each additional member	Add \$8,960 for each additional member