

Sliding Fee Scale 2024 Instructions and Application

Our mission at His Branches is to serve all patients even if they cannot pay for services. Our medical offices do not refuse service on the basis of sex, gender, age, race, religion, national origin, handicap, marital status, sexual orientation or inability to pay. We give discounts based on family/household size and yearly income.

Please complete the information below and hand it in to one of our front desk team members so we can see if you or members of your family can get a discount. If you have questions about this application or need help filling it out, please ask to make an appointment with our medical billing manager.

The sliding fee discount can be requested by any patient, and is applied only to out-of-pocket costs. Requests for discounted services may be made by patients, household members, social services staff or others who are aware of existing financial hardships.

Last Name:		_ First Name:	
Date of Birth:/	/		
Street Address:			
City:	State:	Zip:_	
Home Phone: (Sex:Female _	_) Ce Male	ell Phone: ()	
Marital Status:	SingleMarried	DivorcedW	/idow
	d income is: ersons living in your househo	old:	
Please list spouse an	nd dependents under age 18	1	
First Name	Last Name	Date of Birth	Relationship



Annual Household Income:

Source	Self	Spouse	Other	Total
Gross wages, salaries, tips, etc.				
Social Security, pension, annuity, or veterans benefits				
Alimony, child support, military family allotments				
Income from self-employment, and dependents				
Rent, interest, dividends and other income				
Income from Disability and/or unemployment Insurance				
Totals				

Please provide proof of income for all household members. Below are acceptable forms of proof:

- Paystubs for Most Recent Full Month
- Income Tax Return
- Pension Statement
- Social Services Letter
- Employer Statement

Print Name

I give permission to His Branches, Inc. (HBI) to see if I and/or my family qualify for the sliding fee discount program. I understand that the information about my family income and size will be required. I also understand that if the information which I give is false, I will be expected to pay for all services at full charge. By signing this application I agree that the information given is true and correct to the best of my knowledge. I understand that it is my responsibility to tell HBHS of any and all changes in my financial and insurance information.

Signature	Date	
For Office Use Only: Patient Eligible for: Medicaid ACA Plan Sliding Fee Scale Discount Full Pay Further action required	Qualifies for Category discount	
Application Reviewed by: Employee Signature_	Approved/Disapproved By Date	



Definitions

1. Definition of "Household"

Tax filer + spouse + tax dependents = household

Follow these basic rules when including members of your household:

- Include your spouse if you're legally married.
- If you plan to claim someone as a tax dependent for the year you want coverage, <u>do</u> include them on your application.
- If you won't claim them as a tax dependent, **don't** include them.
- Include your spouse and tax dependents **even if they don't need health coverage**.

See the limited exceptions to these basic rules in the chart below.

Relationship	Included in household?	Notes
Dependent children, including adopted and foster children	Yes	Include any child you'll claim as a tax dependent, regardless of age.
Children, shared custody	Sometimes	Include children whose custody you share only if you claim them as tax dependents.
Non-dependent child	No	Don't include children if they are not dependents.
Children under 21 you take care of	Yes	Include any child under 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don't include a baby until it's born. You have up to 60 days after the birth to enroll your baby.
Dependent parents	Yes	Include parents only if you'll claim them as tax dependents.
Dependent siblings and other relatives	Yes	Include them only if you'll claim them as tax dependents.
Spouse	Yes	Include your legally married spouse, whether opposite sex or same sex.
Legally separated spouse	No	Don't include a legally separated spouse, even if you live together.
Divorced spouse	No	Don't include a former spouse, even if you live together.
Spouse, living apart	Yes	Include your spouse unless you're legally separated or divorced. (See next row for an important exception.)
Spouse, if you're a victim of domestic abuse, domestic violence, or spousal abandonment	Not required	In these cases, you don't have to include your spouse.
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner only if you have a child together or you'll claim your partner as a tax dependent.
Roommate	No	Don't include people you just live with — unless they're a spouse, tax dependent, or covered by another exception in this chart.



2. Definition of "Income"

Income type	Include as income?	Verification							
IRS document showing total annual income	Yes	Most recent Form 1040 Line 22, most recent W2(s) Box 1, Most rec 1099s (for self-employed – note, you will be asked to describe the t of work you do). These forms should be no older than one year.							
Pay stubs from your job showing Federal Taxable Wages	Yes		eral taxable wages," or "gross income." worth (see chart below). Pay stubs more epted.						
		Pay Frequency	Number of Stubs						
		Weekly	4						
		Bi-Weekly (every 2 weeks)	2						
		Semi-Monthly (1st and 15th)	2						
		Monthly	1						
T	N/o	O If a fraction							
Tips	Yes	Self-verification							
Unemployment compensation	Yes	One month's worth of unemployment check stubs. Checks more that two months old are not accepted.							
Social Security	Yes	Include both taxable and non-taxable Social Security income. Enter the full amount before any deductions. One month's worth of social security checks or current year annual benefit letter. Checks more than two months old are not accepted.							
Social Security Disability Income (SSDI)	Yes	One month's worth of checks. But do not include Supplemental Security Income (SSI). Checks more than two months old are not accepted.							
Retirement or pension income	Yes	Include IRA and 401k withdrawals. Note: Don't include qualified distributions from a designated Roth account as income. One month worth of checks. Checks more than two months old are not accepted.							
Alimony	Yes	One month's worth of checks. Checks more than two months old are n accepted.							
Child support	No								
Rental or investment income	Yes	Include any rental, interest a including tax-exempt interest, ea	nd dividends earned on investments, rned in the past 12 months.						
Capital gains income	Yes	Include any capital gains income	received in the past 12 months.						
Gifts	No								
Supplemental Security Income (SSI)	No	But do include Social Security Disability Income (SSDI).							
Veterans' disability payments	No								
Worker's Compensation	No								
Proceeds from loans (like student loans, home equity loans, or bank loans)	No								
Food stamps, WIC payments	No								



Determine the Number of People in Your Household

Relationship	Include	Do Not Include	Number		
Yourself			1		
Your spouse	Include if you are legally married, regardless of sex.	Do not include if you are legally separated or divorced.			
	Include if you are legally married but living apart (for example, spouse is away on military duty, away on work, or away for some reason other than legally separated or divorced).	You do not need to claim your spouse if you are a victim of domestic abuse, domestic violence, or spousal abandonment.			
Child(ren)	Include number of dependent children.	Do not include if a child is a non-dependent.			
	Include adopted and foster children, living with you that you can claim as a dependent.	Do not include if a child is unborn.			
	Include the number of children you with whom you share custody if you can claim them as a dependent.				
	Include number of children under 21 that you take care of.				
Other dependents:	Include the number of parents you claim as dependents.	Do not include unmarried domestic partner. Do not include roommates.			
	Include the number of siblings and other relatives who you claim as dependents.				

Determine Your Household Income

Income	Verification	Do Not Include	Amount	
	Prior 4 weeks' pay stubs from			
	Pay Frequency	# of Stubs		
	Weekly	4		
Wages, salaries, tips, etc.	Bi-Weekly (every 2 weeks)	2	Any information more	
ages, salaries, lips, etc.	Semi-Monthly (1st and 15th)	than 2 months old		
	Monthly			
	Most recent Form 1040 Line box 1, most recent 1099s (fo			
Alimony	Most recent month's check s	Any information more than 2 months old		
Unemployment compensation	Most recent month's check s	Any information more than 2 months old		
Social Security benefits	Most recent month's check s	Any information more than 2 months old		
IRA or retirement plan distributions	Most recent month's check s	tubs x 12	Any information more than 2 months old	
Interest, dividends, rental income	From most recent Form 1040)		
Business Income	Most recent Form 1040			
Capital gains	Most recent Form 1040			
Other				
Total Income (add right column)				



https://acne bhe gov/poverty-quidelines										Pharmacy, Lab. X-Ray, and Other Diagnostic Services are			FEE	œ	7	6	5	4	ယ	2	1	Family Size/Income	% of Poverty			
rtv-quidelir								Monthly:		. X-Rav		For Fa	40	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Above	10			
DAG .						\$ 2,152	\$ 1,703	\$ 1,255		and Ot		mily Unit	\$5	\$ 52,720	\$ 47,340	\$41,960	\$ 36,580	\$31,200	\$ 25,820	\$20,440	\$ 15,060	Below	100%			
			\$ 3,497	\$ 3,048	\$ 2,600	\$ 2,152	\$ 1,703	\$ 1,255		her Diac		For Family Units with more than 8 members, for each additional member	ه ٰ	\$ 52,721	\$ 47,341	\$ 41,961	\$ 36,581	\$ 31,201	\$ 25,821	\$ 20,441	\$ 15,061	Above	12:	Bas		
			\$ 4,371	\$ 3,810	\$ 3,250	\$ 2,690		\$ 1,569		inostic :		ore than t	\$10	\$ 65,900	\$ 59,175	\$ 52,450	\$ 45,725	\$ 39,000	\$ 32,275	\$ 25,550	\$ 18,825	Below	125%	Based on 2024 Federal Poverty Guidelines	(0	
	\$ 5,492	\$ 4,931	\$ 4,371	\$ 3,811	\$ 3,250	\$ 2,690	\$ 2,129	\$ 1,569		Services		3 membe	€	\$ 65,901	\$ 59,176	\$ 52,451	\$ 45,726	\$ 39,001	\$ 32,276	\$ 25,551	\$ 18,826	Above	15	24 Feder	Sliding Fee Scale	COMMUNITY HEALTH CENTER
			\$ 5,245	\$ 4,573		\$ 3,228	\$ 2,555	\$ 1,883		s are Ch		rs, for ea	\$ 15	\$ 79,080	\$71,010	\$62,940	\$ 54,870	\$ 46,800	\$ 38,730	\$ 30,660	\$ 22,590	Below	150%	al Povert	ee Scal	Y HEALTH
			\$ 5,245	\$ 4,573	\$ 3,900	\$ 3,228	\$ 2,555	\$ 1,883	6	Charged Separately f		ch addition	49	\$ 79,081	\$ 71,011	\$ 62,941	\$ 54,871	\$ 46,801	\$ 38,731	\$ 30,661	\$ 22,591	Above	17	y Guideli	Ф	CENTER
		\$ 6,904		\$ 5,335	\$ 4,550	\$ 3,765	\$ 2,981	\$ 2,196		eparate		onal mem	\$20	\$ 92,260	\$ 82,845	\$ 73,430	\$64,015	\$ 54,600	\$ 45,185	\$ 35,770	\$ 26,355	Below	175%	nes		
						\$ 3,766				v from			49	\$ 92,261	\$ 82,846	\$ 73,431	\$ 64,016	\$ 54,601	\$ 45,186	\$ 35,771	\$ 26,356	Above	20			
	\$ 8,787	\$ 7,890	\$ 6,993	\$ 6,097	\$ 5,200	\$ 4,303	69	\$ 2,510		the Office	,	add \$5,380.	\$25	\$ 105,440	\$ 94,680				- 1	\dashv	\$30,120	Below	200%			
Revised 1 25 24										rom the Office Visit Charge			Patient Ch:	\$ 105,441	\$ 94,681	\$ 83,921	\$ 73,161	\$ 62,401	\$ 51,641	\$ 40,881	\$ 30,121	Above	2:			
25 24										Charge			Patient Pays Full Charges	\$ 131,800	\$ 118,350	49	\$	\$ 78,000	\$ 64,550		\$ 37,650	Below	225%			