Battenkill Valley Health Center: Sliding Fee Discount Program

What is the Sliding Fee Discount Program? The Sliding Fee Discount Program is a federally funded program that provides a discount to eligible patients who are uninsured or under-insured for primary medical care, mental health and/or qualifying dental services at Battenkill Valley Health Center (BVHC). There is a nominal fee due at the time of service for all discounted services received.

Who is eligible for the Sliding Fee Discount Program? Uninsured and under-insured patients may qualify for the Sliding Fee Discount Program. Based on current Federal Poverty guidelines, patients may be eligible for financial assistance based on household size and household income.

Do local hospitals offer Sliding Fee Discount Programs? Yes. Whether or not you qualify for BVHC's Sliding Fee Discount Program, you may qualify for the Charity Care Programs provided by Rutland Regional Medical Center or Southwestern Vermont Medical Center.

When should you apply for the Sliding Fee Discount Program? You should apply immediately to see if you qualify for the Sliding Fee Discount Program. If approved for the program, you will be required to renew your application every six months. If you are not approved for the program, you are encouraged to contact us if you have a significant change in income or family size as we can re-evaluate your information.

How can you apply for the Sliding Fee Discount Program?

- Complete and sign the Sliding Fee Discount Program Application (enclosed)
- Proof of Income for all Household Members – Please attach supporting documentation for any/all of the below sources of income (i.e. most recent W2, two (2) most recent pay stubs, proof of child support or other income sources by canceled check)
- Income is defined as the combined, before-tax (gross) money received by all relatives residing in the home. This income would include wages and salaries, unemployment insurance, disability payments, child support, pensions, trust account payments, and any other similar type of income. Households claiming zero income will be required to schedule an appointment with our billing department to assess if a discount can be determined.
- A household member is defined as any person that spends at least 50% of their time living in the home and is related to the head of household. Students away at college who are still claimed as dependents are considered to be a household member. Patients living in the same home, who do not file joint tax returns and are not responsible for each other's bills may apply separately and qualify separately for sliding fee discounts.

Enclosed is an application for the Sliding Fee Discount Program. If you believe that you are eligible, please complete, sign and return your application with proof of income to BVHC. Once received, your completed application will be reviewed by the Director of Practice Administration who will send you a letter regarding your eligibility. If you qualify for the Sliding Fee Discount Program, discounts will only apply to services received from the date of your application through the six (6) month approval period.

All of the required information must be received in order to process your application. Until you receive a letter indicating you have qualified for a discount, you are responsible for 100% of all charges. If you are approved, payment within 30 days of receiving a statement must be submitted to BVHC. If you are unable to make payment within 30 days, you can ask to meet with the Director of Practice Administration to set up a payment plan. Patients who fail to make payments per the terms and conditions of the payment plan will be put on same-day status. Patients on same-day status will be unable to schedule appointments; they will be seen for unscheduled visits only, and must wait in the waiting room for an open appointment. Patients will be released from same-day status only after their balance is paid in full.

Patients who qualify for the Sliding Fee Discount Program, who cannot afford the nominal fee will submit an explanation in writing for review by the Finance Department which will provide recommendations to the Clinical Director. The Clinical Director, or in her/his absence the Project Director, is authorized to waive nominal fees on a case-by-case basis. Waivers for nominal fees will be approved for patients who can demonstrate situational hardship and, if applicable, steps they are taking to address the hardship.

Federal Poverty Guidelines:

Effective August 2023

BVHC Sliding Fee Discount

	Full Subsidy	101% - 125%*	126% - 150%*	151% - 175%*	176% - 200%*	Full Payment
	100% discount	88% discount	75% discount	64% discount	50% discount	0% discount
Size of Family	100% discount	75% discount	65% discount	50% discount	35% discount	0% discount
1	$0 - 14,580	$14,581 - $18,225	$18,226 - $21,870	$21,871 - $25,515	$25,516 - $29,160	Over $29,161
2	$0 - 19,720	$19,721 - $24,650	$24,651 - $29,580	$29,581 - $34,510	$34,511 - $39,440	Over $39,441
3	$0 - 24,860	$24,861 - $31,075	$31,076 - $37,290	$37,291 - $43,505	$43,506 - $49,720	Over $49,721
4	$0 - 30,000	$30,001 - $37,500	$37,501 - $45,000	$45,001 - $52,500	$52,501 - $60,000	Over $60,001
5	$0 - 35,140	$35,141 - $43,925	$43,926 - $52,710	$52,711 - $61,495	$61,496 - $70,280	Over $70,281
6	$0 - 40,280	$40,281 - $50,350	$50,351 - $60,420	$60,421 - $70,490	$70,491 - $80,560	Over $80,561
7	$0 - 45,420	$45,421 - $56,775	$56,776 - $68,130	$68,130 - $79,485	$79,486 - $90,840	Over $90,841
8	$0 - 50,560	$50,561 - $63,200	$63,201 - $83,550	$83,551 - $88,480	$88,481 - $101,120	Over $101,121
9	$0 - 55,700	$55,701 - $69,625	$69,626 - $91,260	$91,261 - $97,475	$97,476 - $111,400	Over $111,401
10	$0 - 60,840	$60,841 - $76,050	$76,051 - $98,970	$98,971 - $106,470	$106,471 - $121,680	Over $121,681
each addt'l member add	$5,140	$6,425	$7,710	$8,260	$10,280	
	$5 med fee 0% balance $20 den fee	$5 med fee + 12% balance billed 25% of procedure fees	$5 med fee + 25% balance billed 35% of procedure fees	$5 med fee + 36% balance billed 50% of procedure fees	$5 med fee + 50% balance billed 65% of procedure fees	

MEDICAL

1. A nominal fee of $5 for medical visits will be collected at the time of service for all patients on full or partial subsidy. For patients on partial subsidy, their percentage based balance will be billed to them.
2. If a patient presents with no conclusive proof of income to establish their sliding fee discount eligibility, the patient will be placed on full payment until proof is established.
3. Patients on partial subsidy will pay either their discounted percentage of procedure fees, or $6, whichever is greater.
4. This SFDS includes behavioral health services.

DENTAL

1. A nominal fee of $20 for dental services is expected at the time of service for patients on full subsidy.
2. Patients on partial subsidy are responsible for their percentage of procedure fees at the time of service.
3. Patients on partial subsidy will pay either their discounted percentage of procedure fees, or $21, whichever is greater.
4. If a patient presents with no conclusive proof of income to establish their sliding fee discount eligibility, the patient will be placed on full payment until proof is established.
5. Certain dental procedures do not qualify for sliding fee discount.

* Federal Poverty Limit

Battenkill Valley Health Center
Application for Sliding Fee Discount Program

*** Return to the office with proof of income and proof of physical address ***

1. Applicant

Name (Last)_____ (First)_____ (MI) _____

Physical Address _____ City _____ State _____ Zip _____

Preferred Phone _____ Date of Birth _____ SS# _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Union

2. Household Members (Include spouse, dependent children, relatives and others that live with you)

Name	Relationship	Birth Date	Social Security #
1.			
2.			
3.			
4.			
5.			

Have you applied for State Healthcare? ☐ Y ☐ N

Are you homeless/doubling up? ☐ Y ☐ N

Results of application: _____

Are you a tourist or foreign student? ☐ Y ☐ N

Are you a College/University student? ☐ Y ☐ N

If yes, can you be claimed as a dependent on someone else's tax return? ☐ Y ☐ N *(If yes, additional income verification is required)*

3. Total Income of Family (anyone on your income tax return)

Total Household Members: _____ Wages/salary for all $_____ per ☐ hour ☐ biweekly ☐ monthly ☐ annually

Self-employment income for all $_____ per ☐ hour ☐ biweekly ☐ monthly ☐ annually

Unearned sources of income for all $_____ per ☐ hour ☐ biweekly ☐ monthly ☐ annually

Total **Annual** Income for all household members $_____

4. Insurance

Do you or your spouse have medical insurance benefits? ☐ Y ☐ N

5. Signature

To the best of my knowledge, the above information is true and correct. I agree to inform BVHC of any changes in employment, household size, household income, insurance status or financial status for anyone listed on this application. If the above information proves to be incorrect, I understand that the discount provided to me will be terminated. I give permission for the BVHC staff to contact my employer or any other source to verify income.

_____

Signature of Applicant Date

FOR BVHC USE ONLY

Authorizer Initials _____ Fee Level _____ Approval/Denial _____ Date _____ Expiration Date _____

BVHC BOARD APPROVED JULY 2023 RENEWAL 2027