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 underinsured 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 Organizations Offer Sliding Fee 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 household income or household size so 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 household members residing in the home. This includes wages/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 who spends at least 50% of their time living in the home and is related to the head of the household by birth, marriage/partner, adoption, or otherwise considered a dependent. Students away at college who are still claimed as dependents are considered to be household members. A patient who shares an address with others but does not meet the definition of a household member may apply individually.

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 Billing Department which 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-month approval period.

All of the required information must be received 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 a payment within 30 days, you can ask to meet with the Billing Department to set up a payment plan.

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 Billing Department which will provide recommendations to the Project Director or Clinical Director. The Project Director and Clinical Director are 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 February

2024 BVHC Sliding Fee Scale

Medical and Behavioral Health

	Full Subsidy	101% - 125%*	126% - 150%*	151% - 175%*	176% - 200%*	Full Payment
Slide Level	A 100% discount	B 88% discount	C 75% discount	D 64% discount	E 50% discount	F 0% discount
Household Size						
1	$0 - 15,060	$15,061 - $18,825	$18,826 - $22,590	$22,591 - $26,355	$26,356 - $30,120	Over $30,121
2	$0 - 20,440	$20,441 - $25,550	$25,551 - $30,660	$30,661 - $35,770	$35,771 - $40,880	Over $40,881
3	$0 - 25,820	$25,821 - $32,275	$32,276 - $38,730	$38,731 - $45,185	$45,186 - $51,640	Over $51,641
4	$0 - 31,200	$31,201 - $39,000	$39,001 - $46,800	$46,801 - $54,600	$54,601 - $62,400	Over $62,401
5	$0 - 36,580	$36,581 - $45,725	$45,726 - $54,870	$54,871 - $64,015	$64,016 - $73,160	Over $73,161
6	$0 - 41,960	$41,961 - $52,450	$52,451 - $62,940	$62,941 - $73,430	$73,431 - $83,920	Over $83,921
7	$0 - 47,340	$47,341 - $59,175	$59,176 - $71,010	$71,011 - $82,845	$82,846 - $94,680	Over $94,681
8	$0 - 52,720	$52,721 - $65,900	$65,901 - $79,080	$79,081 - $92,260	$92,261 - $105,440	Over $105,441
9	$0 - 58,100	$58,101 - $72,625	$72,626 - $87,150	$87,151 - $101,675	$101,676 - $116,200	Over $116,201
10	$0 - 63,480	$66,481 - $79,350	$79,351 - $95,220	$95,221 - $111,090	$111,091 - $126,960	Over $126,961
each addt'l member add	$5,380	$6,725	$8,070	$9,415	$10,760	$10,760
	$5 nominal fee	12% pay	25% pay	36% pay	50% pay	100% pay

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, $6 will be collected at time of service and 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.

* Federal Poverty Limit

Federal Poverty Guidelines - Effective February

2024 BVHC Sliding Fee Scale

Dental

	Full Subsidy	101% - 125%*	126% - 150%*	151% - 175%*	176% - 200%*	Full Payment
Slide Level	A 100% discount	B 75% discount	C 65% discount	D 50% discount	E 35% discount	F 0% discount
Household Size						
1	$0 - 15,060	$15,061 - $18,825	$18,826 - $22,590	$22,591 - $26,355	$26,356 - $30,120	Over $30,121
2	$0 - 20,440	$20,441 - $25,550	$25,551 - $30,660	$30,661 - $35,770	$35,771 - $40,880	Over $40,881
3	$0 - 25,820	$25,821 - $32,275	$32,276 - $38,730	$38,731 - $45,185	$45,186 - $51,640	Over $51,641
4	$0 - 31,200	$31,201 - $39,000	$39,001 - $46,800	$46,801 - $54,600	$54,601 - $62,400	Over $62,401
5	$0 - 36,580	$36,581 - $45,725	$45,726 - $54,870	$54,871 - $64,015	$64,016 - $73,160	Over $73,161
6	$0 - 41,960	$41,961 - $52,450	$52,451 - $62,940	$62,941 - $73,430	$73,431 - $83,920	Over $83,921
7	$0 - 47,340	$47,341 - $59,175	$59,176 - $71,010	$71,011 - $82,845	$82,846 - $94,680	Over $94,681
8	$0 - 52,720	$52,721 - $65,900	$65,901 - $79,080	$79,081 - $92,260	$92,261 - $105,440	Over $105,441
9	$0 - 58,100	$58,101 - $72,625	$72,626 - $87,150	$87,151 - $101,675	$101,676 - $116,200	Over $116,201
10	$0 - 63,480	$66,481 - $79,350	$79,351 - $95,220	$95,221 - $111,090	$111,091 - $126,960	Over $126,961
each addt'l member add	$5,380	$6,725	$8,070	$9,415	$10,760	$10,760
	$20 nominal fee	25% of procedure fees	35% of procedure fees	50% of procedure fees	65% of procedure fees	100% of procedure fees

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 discounts.

* Federal Poverty Limit

Battenkill Valley Health Center

Application for Sliding Fee Discount Program

*** Return to BVHC with proof of income and proof of physical address. ***

1. Applicant – Head of Household

Name (Last)_____ (First)_____ (MI) _____ Physical Address _____ City _____ State _____ Zip _____Preferred Phone _____ Date of Birth _____

2. Household Members (Include spouse/partner, dependent children, relatives, & others that live with you 50% of the time)

	Name	Relationship	Birth Date
1.			
2.			
3.			
4.			
5.			

3. Information

Have you applied for State Health Insurance: ☐ Y ☐ N Results of that application: _____

Are you a tourist or a foreign student? ☐ Y ☐ N Are you a College/University student? ☐ Y ☐ N

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

4. Household Income (Include all members of your household who have income)

Total Household Members (from sections 1 & 2): _____

Wages/salary for all household members $_____ per ☐ week ☐ biweekly ☐ month ☐ year

Self-employment income for all household members $_____ per ☐ week ☐ biweekly ☐ month ☐ year

Other sources of income for all household members $_____ per ☐ week ☐ biweekly ☐ month ☐ year

Total Annual Income for all household members $_____

5. Insurance

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

6. 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 my permission for the BVHC staff to contact my employer or any other source to verify income.

_____

Signature of Applicant Date