



Sliding Fee Scale Application

Keep this page for reference.

Once you become eligible for the Sliding Fee Scale, you will be issued an ID card – which represents that you are a sliding fee scale patient of ACHS only. This is not an insurance card and it cannot be presented as such to agencies or medical providers that do not participate in the Ammonoosuc Community Health Services, Inc. sliding fee scale program.

Please be aware that:

- **If you are an ACHS Dental Only patient, you are not eligible for the benefits listed below**, your sliding fee scale qualification is only applicable to services rendered at ACHS Dental & Oral Health Center or an approved specialist with an ACHS Dental & Oral Health Center referral. Without a referral from your ACHS Dentist, you may be responsible for charges incurred in full.
- If you receive medical services at Littleton Regional Healthcare, Cottage Hospital, or a specialist (outside of your Primary Care Provider) without a referral from your ACHS Primary Care Physician, you may be responsible for charges incurred in full.
- **You must pay your discounted Sliding Fee Scale amount** for each office visit, lab service, immunization, or injection **at the time of service in order to continue ACHS' Sliding Fee Scale Program.**

Your benefits as a qualified **ACHS Medical** Sliding Fee Scale patient are:

- Discounted medical services at all ACHS locations, Littleton Regional Healthcare, Cottage Hospital, Littleton Eye Care, and other participating specialty practices – see fees listed below
- Discounted dental services at ACHS' Dental & Oral Health Center (see chart next page)
- Discounts on medications at participating pharmacies
- Possible eligibility to our Prescription Drug Program

Any applicant who meets the eligibility criteria for the ACHS Sliding Fee Program is eligible for vision services by referral only including eye glasses at Littleton, Lincoln & Woodsville Eye Care

MEDICAL Sliding Fee Scale Fees - Payment is due at time of service

Sliding Fee Scale	Office Visits	Lab Services during an Office Visit	Lab Services during a Nurse Visit	Immunizations*	Injection Admin Fee**
B	\$15	No cost	\$15 (charge is for nurse visit, no lab fee)	\$15 + Cost of Vaccine	\$15
C	\$30	25% of Lab Test(s) fees	\$17 + 25% of Lab fees	\$22.02 + Cost of Vaccine	\$30
D	\$45	50% of Lab Test(s) fees	\$17 + 50% of Lab fees	\$22.02 + Cost of Vaccine	\$45
E	\$60	75% of Lab Test(s) fees	\$17 + 75% of Lab fees	\$22.02 + Cost of Vaccine	\$55

***Immunizations:** Any patient receiving ACHS supplied vaccines must pay the full cost of the vaccine prior to receiving the vaccination. No credit will be extended for the cost of vaccines. The above costs reflect the immunization being given at a nurse visit. If the patient receives the vaccine at the office visit, they pay the cost of the vaccine and the injection fee is rolled into the flat office visit sliding fee scale rate.

****Injection/Administration fee:** A discount will be applied to the injection/administration fee based on the patient's level of sliding fee scale. The cost below reflects the patient supplying their own prescription.

DENTAL Sliding Fee Scale Fees - Payment is due at time of service

NOTE: Not all procedures qualify for the Sliding Fee Scale. You **must** pay your Sliding Fee Scale amount for each office visit at the time of service to continue ACHS' Sliding Fee Scale Program.

Sliding Fee Scale	Office Visit
B	\$35
C	50% of Charges
D	65% of Charges
E	75% of Charges

VISION Sliding Fee Scale Fees - Payment is due at time of referral

Sliding Fee Scale	Eye Exam <i>(including eye glasses if needed)</i>
B	\$15
C	\$30
D	\$45
E	\$60

Sliding Fee Scale Application Instructions

1. Please fill out the Sliding Fee Scale application in full. For the application to be complete, you must provide supporting proof of income documentation or initial that you receive no income at all. Make copies of your proof of income and either attach to or have them accompany the Sliding Fee Scale Application (next page).
2. When filling out the Sliding Fee Scale application you must:
 - a. Print a copy of the application.
 - b. Fill in Household Size and Income for each household member (see SFS – Commonly Asked Questions).
 - c. Starting left to right, write your name on the first line as the “Applicant”.
 - d. Next, list types of income you receive and the amount.
 - e. If you have listed more than one in your household, write in the name of each additional member of your household, their Date of Birth, relation to you, and type of income they receive.
 - f. If you need help determining which type of income to list, use the “Income Status Documentation Required” listed on the application form.
 - g. **For example:** if you or any members of your household are employed bi-weekly, you would need to provide copies of two of your most recent paycheck stubs as it states in the “Income Status Documentation Required”.
3. If you or any other member of your household receive no income at all, write “No Income” in the “Type of Income” to the right of that household members name and initial below “Income Status Documentation Required” either one or both of the lines stating that you and/or the household member receive no income at all (under oath).
4. Read the commonly asked questions to see if you have any additional questions that may be answered as you fill out the Sliding Fee Scale application.
5. Print, sign, and date the application.
6. Send completed application and copies of supporting proof of income to your primary care physician’s office via mail or you can submit the completed application along with documentation prior to your first visit in person at any one of our Ammonoosuc Community Health Services offices.
7. If you sent your application via mail or dropped it off at one of our locations in person, please wait 48 hours before contacting us to verify eligibility status. If you are deemed eligible, we will have your Sliding Fee Scale card waiting at your first or next visit.

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Return this page.

HOUSEHOLD SIZE and INCOME FOR EACH HOUSEHOLD MEMBER

Your sliding fee scale is based on **TOTAL** household income and size

Of People in Household _____

Name	Date of Birth	Relation to Applicant	Type of Income (from below)	Amount of Income

INCOME STATUS DOCUMENTATION REQUIRED

I (applicant) hereby declare that I will provide required documentation within 48 hours of office visit or my bill will be submitted as "Self Pay" which means I (applicant) will be responsible to pay the entire bill instead of receiving the customary sliding fee scale discount and/or office co-pay. *(please initial)* _____

EMPLOYED

Weekly – Three consecutive pay stubs
Bi-Weekly – Two consecutive pay stubs

SELF EMPLOYED

Self Employed – Most recent Federal tax return with supporting schedules
Business Income – Most recent Federal Business and personal tax returns

UNEMPLOYED

Unemployment claim determination letter

RETIREMENT¹

Social Security statement or tax return, official documents showing private pension, annuities, or individual retirement accounts

1. Social Security income is gross before Medicare deductions.
2. I (applicant) hereby declare that I do not receive any income from any source. *(please initial)* _____
3. I (applicant) hereby declare that each member of my household listed as "no income is received" does not receive any income from any source. *(please initial)* _____

INTEREST/DIVIDENDS

Bank and/or investment account statements

ALIMONY/CHILD SUPPORT

Legal documents showing amounts ordered to be paid for support and/or alimony

DISABILITY¹

Social Security disability statement or tax return

OTHER

Any other form of income not stated above

NO INCOME IS RECEIVED^{2 & 3}

No income is received from any source

I certify that the information (total household income and total household size) and all supporting documentation I have given is complete and accurate to the best of my knowledge. I understand that failure to provide accurate information may result in termination of services with participating practices and at ACHS, and ACHS may refer documents to an appropriate federal agency for further investigation.

I understand I must pay my discounted Sliding Fee Scale amount for each office visit, lab service, immunization, or injection **at the time of service when using ACHS' Sliding Fee Scale Program.** *(please initial)* _____

Applicant Name: _____ SIGNATURE: _____ DATE: _____

Co-Applicant Name: _____ SIGNATURE: _____ DATE: _____

Sliding Fee Scale - Commonly Asked Questions

Who is considered a household member for determining household size?

When determining household size for sliding fee eligibility, ACHS will consider anyone living in the household, where a legal financial responsibility for support exists, as members of the household. ACHS will also consider unmarried individuals living together to be household members if there is at least one child that is the biological offspring of both individuals. Unmarried individuals living together with no common children will be considered separate households. Same sex marriages and civil unions will be considered the same as any other married couple. For a child to be considered a member of the household, they must meet one of the following relationship qualifications:

1. Son, Daughter or Stepchild under the age of 19 living in the household
2. Son, Daughter or stepchild that is a student, over 18 and under 24 years of age
3. Son, Daughter or Stepchild and permanently disabled of any age living in the household

Individuals living in the household that are related to the sliding fee applicant where there is no legal financial responsibility for support, such as a brother, sister or parent, do not count as household members.

Non-related persons do not count as household members unless there is a legal requirement for support, for example, a legal guardianship.

Who in the household is eligible for Sliding Fee Scale once Household Size is determined?

Any member of the household listed on the application as legally binding and 19 years of age and older (any child 18 years and younger should be eligible for Medicaid) would be eligible to receive the Sliding Fee Scale discounts if eligibility requirements are met.

How often do I need to apply for the Sliding Fee Scale?

You must apply every 12 months or if there is a change in the number of people or income status in the total household. Prior year tax returns can only be used up until 4/30 of the current year. Income will then be based on current year's tax return.

If I do not want to divulge financial information, am I still eligible for Sliding Fee Scale?

Patients are not obligated or required to participate in the Sliding Fee Scale program and will subsequently be selected as "Self Pay" status and responsible for all charges in total incurred during any visit to an ACHS office for any purpose.

If I have dental insurance, am I eligible for Sliding Fee Scale?

If the patient meets the eligibility criteria for the Sliding Fee Program and it is not prohibited by the dental insurance contract then the sliding fee discount can be applied to the amount owed by the patient after insurance payments.

If I am a patient at the ACHS Dental & Oral Health Center only and do not have an ACHS Primary Care Provider, am I eligible for other Sliding Fee Scale benefits?

No, you must be a registered Medical patient at ACHS to have your Sliding Fee Scale benefits be accepted at other facilities. You will need to call the ACHS New Patient Coordinator to become an established medical patient.

If I have Medicaid with a spend-down, may I apply for Sliding Fee Scale?

Yes, if you have a spend-down with Medicaid, you are considered uninsured until the spend-down is met. Once the spend-down is met, the Sliding Fee Scale will become inactive and all charges for the patient will be billed to Medicaid. ACHS will not send any part of the claims under the sliding fee scale to Medicaid to be applied toward their spend-down. You can obtain a receipt for the amount paid to ACHS and submit that to Medicaid.

If I am self-employed or have income derived from a business how is my income calculated and what forms of documentation do I need to submit to apply for Sliding Fee Scale?

If you are self-employed or own a business, a tax return is used to determine income. We would also ask for all supporting schedules as well.

If I am self-employed or own my own business and my Sliding Fee Scale is set to expire before April 15th of the year and/or I will be filing for an extension on my tax return, what documentation do I need to apply for my Sliding Fee Scale?

If you are due to have your income verified between January 1st and April 15th and have not yet completed your tax return, you will need to sign a declaration of income that you will report on your tax return. We will extend your Sliding Fee Scale eligibility until April 15th and you will submit your tax return to ACHS once it is completed. If the amount reported in your declaration of estimated income varies from the actual tax return you have submitted to IRS, you will be responsible for paying any differences in that change (or you will be credited if we have overcharged). If you are filing for an extension on your tax return, you are required to submit a copy of the extension form filed with the IRS and we will follow the same self-declaration procedure for determining income as listed above. We will extend your Sliding Fee Scale eligibility for 30 days based on your declaration of income and you must provide documentation within 30 days to remain eligible. If the amount reported in your declaration of estimated income varies from your tax return submitted to the IRS you will be responsible to pay for any differences in that change (or you will be credited if we have overcharged).