

SUBJECT: Sliding Fee Scale Program	REFERENCE #8017
DEPARTMENT: FRANKLIN MEDICAL CENTER RURAL HEALTH CLINICS	PAGE: 1 OF: 3
APPROVED BY:	REVISED: 10/15/2020 06/04/2022

The Franklin Medical Center Rural Health Clinics offer a sliding fee scale (SFS) program. The amount owed for services by eligible patients are adjusted based on income and family size. The SFS program applies to all comprehensive primary care services, including preventive care.

- Available to all individuals and families with annual incomes at and below 300 percent of the most current federal poverty guidelines.
- To qualify for 100% discount an individual or family shall have an annual income at or below 100% of the most current federal poverty guidelines.
- Fees will be adjusted based on the family size and income for individuals and families with incomes at and below 100 percent and at or below 300 percent of federal poverty guidelines.
- Patients of Franklin Medical Center Rural Health Clinics are made aware of the sliding scale program through notices on the website, during the registration process (if the patient is self-pay), and by notice displayed by the registration desk.
- Sliding scale eligibility requirements for discounts is based on income and family size and no other factors.
- Patients approved for the SFS will not be sent collections for outstanding debt.
- A patient may apply for the SFS program by calling to schedule an appointment with the clinics Financial Counselor, notifying the registration staff, or completing an application to submit by mail. Application can be found online at fmc-cares.com or requesting one in person.
- Applications are reviewed by the Financial Counselor for completion, and determination of meeting the criteria for SFS program, and in what percentage. The Financial Counselor notifies the patient(s) of eligibility in writing if they are not on campus at the time of approval.
- Eligibility is determined by total amount of gross income, total individuals living in home, and providing acceptable documentation for both. (see below list of acceptable documentation for income and family size.
- Eligibility is determined every 12 months or if your financial situation changes.

Eligibility

Discounts will be based on income and family size only. FMC RURAL HEALTH CLINICS use the Census Bureau definitions of each.

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

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Discounts

Those with incomes at and below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule.

The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines. All RHC policies are reviewed yearly.

Services that do not qualify:

Elective or cosmetic services

Income and family size is determined by:

- the total amount of gross income of family members living in the same household
- the total number of family members living in the same household

Accepted forms of documentation:

- prior year W2
- two most recent check stubs
- letter from employer
- prior year tax returns

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Federal Poverty Guidelines

Based on Federal Register dated 01/19/2023

Persons in Family	% of Federal Poverty Guidelines				
	<100%	<150%	<200%	<250%	<300%
1	14,580	21,870	29,160	36,450	43,740
2	19,720	29,580	39,440	49,300	59,160
3	24,860	37,290	49,720	62,150	74,580
4	30,000	45,000	60,000	75,000	90,000
5	35,140	52,710	70,280	87,850	105,420
6	40,280	60,420	80,560	100,700	120,840
7	45,420	68,130	90,840	113,550	136,260
8	50,560	75,840	101,120	126,400	151,680
Each additional person	5,140	7,710	10,280	12,850	15,420
Amount of Discount	100%	80%	60%	40%	20%
Patient Responsibility	0%	20%	40%	60%	80%