Isabella Citizens for Health, Inc.

Sliding Fee Scale Program

A Sliding Fee Scale Program will be provided to eligible persons based on the patient’s ability to pay. Ability to pay is determined by the household size and the annual household income. The Sliding Fee Rate Schedule is based on the most recently published Federal poverty guidelines, issued annually by the U.S. Department of Health and Human Services.

You must have copies of the essential documents that apply to everyone in your “household.” For purposes of the Sliding Fee Scale Program, the term “household” is defined as any persons, related or unrelated, living in the same dwelling who share household expenses. This definition includes unrelated roommates who share the cost of rent, utilities, food, or household supplies. Individuals who reside in a boarding house, residence hall, or other dwelling where household expenses are completely independent are not considered a household.

**Documents include:**

\_\_\_\_\_ Federal 1040 Income Tax Return (most recent year filed)

\_\_\_\_\_ W-2 form(s) (most recent year)

\_\_\_\_\_ All other sources of income, including:

* + Last two paycheck stubs (or any other form of paycheck verification)
  + Bank Statements
  + Social Security Income
  + Child Support Income
  + Alimony Income
  + Rental Income
  + Student Loan Income (letter)
  + Stipend/Award Letter (for students)

**Regarding Approval:**

If approved, you will be asked to re-verify your income on an annual basis to continue to receive the sliding fee scale. You are also obligated to contact Isabella Citizens for Health if your income or household status changes.

If you did not bring appropriate documentation, you may “self-declare” your income for one initial visit. Self-declaration is only acceptable for an initial visit. You will be charged for the initial visit according to your reported income. If you self-declare you will need to complete the sliding fee application before your next visit or within 30 days, whichever is sooner. Final eligibility will be applied to future visits unless your circumstances change.

Anyone who is unwilling to provide proper documentation may not be eligible to participate in the Sliding Fee Scale Program and will be required to pay 100% of their charges.

All uninsured patients will be assisted in applying for publicly available insurances, such as Medicaid or the Health Michigan Plan. Failure or refusal to complete the application process will result in a redetermination of eligibility in the Sliding Fee Scale Program.

**Regarding Payment:**

Isabella Citizens for Health will request and expect payment at time of service. A $20 minimum will be collected at time of service for all services; if necessary, the remainder can be billed. If you do not pay the minimum payment you will be expected to bring it at your next visit. If no minimum payment is made after the second visit, Isabella Citizens for Health reserves the right to reschedule non-emergent visits until the balance has been paid or a payment plan is established. It is expected that patients make continuous efforts to pay their balances.

You will be billed in a manner consistent with payment and collection policies similar to other businesses. You will be billed monthly and accounts are expected to be kept current. After 30 days of account inactivity, Isabella Citizens for Health staff may contact you with regards to your balance.