Isabella Citizens for Health, Inc.

Sliding Fee Discount Program

The Sliding Fee Scale Program will be provided to eligible patients based on their ability to pay. Ability to pay is determined by the household size and the annual household gross 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.

For purposes of the Sliding Fee Discount 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 (non-college) 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. If you are a single parent household and you are claiming your dependent children on this application, you must give proof of child support. If for any reason you do not receive child support.

Definition of household Income is the total annual cash receipts before taxes from all sources including salaries, public assistance, unemployment, retirement payments, Social Security, child

support, etc.: but excluding gifts, receipts from sale of property, or non-cash benefits such

as Medicaid, food stamps, public housing, etc. (Dept. of Health and Human Services).

**Income from children over the age of 19** and still living at home must be included in total

family income.

You should provide as many of the documents listed below as possible for each person in the household that contributes to the household expenses.

* + Most recent Federal 1040 Income Tax Return (W-2’s not accepted)
	+ Most recent **two** pay stubs (or any other form of paycheck verification)
	+ Social Security Award Letter for the Current Year
	+ Disability Income
	+ Unemployment Benefit Determination Statement
	+ Child Support Income
	+ Alimony Income
	+ Monthly Pension Statement or Most Recent 1099
	+ Worker’s Compensation Checks
	+ Student Loan Income Award Letter/Stipend/Award Letter (for students)
	+ Rental and Land Contract Income
	+ Cash Payment for Services Rendered (when a 1099 is not issued)
	+ Bank Statements (only allowed for proof of monthly deposit information)

If you do not have any income, or are homeless, include a letter from the person who supports with the application. If you do not have a support person, contact the Billing Office, 989-779-5642, to complete the application.

**Regarding Approval:**

If approved, you will be asked to re-verify your household size and gross income on an annual basis to continue to receive the sliding fee scale. You are also obligated to contact Isabella Citizens for Health’s Billing Office 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 discount 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 Discount Program and will be required to pay 100% of charges.

All uninsured applicants 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 Discount Program.

**Regarding Payment, if approved:**

You will have to pay the discounted payment at time of service. It is expected that you make continuous efforts to pay any 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 90 days of account inactivity, you will be contact regarding your outstanding balance.

*Last modified: 8.24.22*